



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

US ANNUAL REPORT 2014

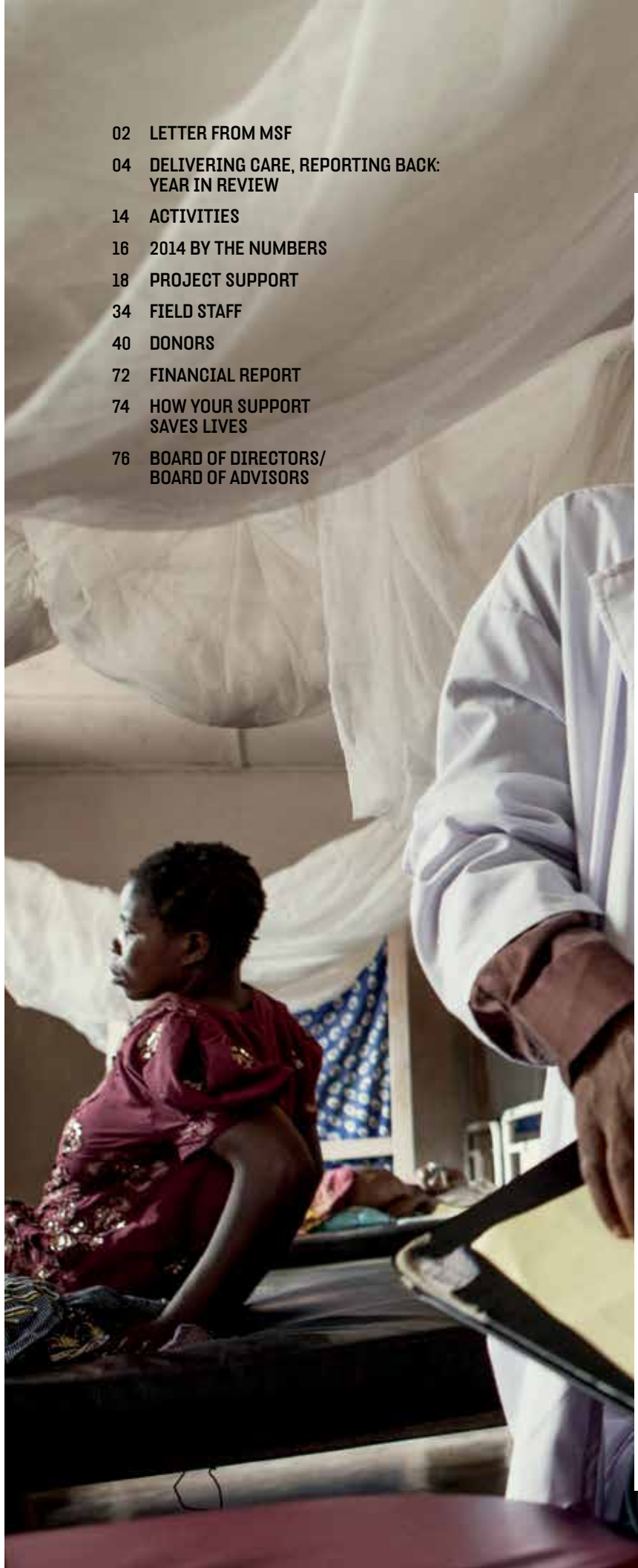


**DOCTORS WITHOUT BORDERS/
MÉDECINS SANS FRONTIÈRES (MSF)**
IS AN INTERNATIONAL INDEPENDENT
MEDICAL HUMANITARIAN
ORGANIZATION THAT DELIVERED
EMERGENCY AID TO PEOPLE AFFECTED
BY ARMED CONFLICT, EPIDEMICS,
MALNUTRITION, NATURAL DISASTERS,
AND EXCLUSION FROM HEALTH CARE
IN 63 COUNTRIES IN 2014.

ON ANY ONE DAY, THOUSANDS
OF INDIVIDUALS REPRESENTING
DOZENS OF NATIONALITIES CAN BE
FOUND PROVIDING ASSISTANCE TO
PEOPLE CAUGHT IN CRISES AROUND
THE WORLD. THEY ARE DOCTORS,
NURSES, LOGISTICS EXPERTS,
ADMINISTRATORS, EPIDEMIOLOGISTS,
LABORATORY TECHNICIANS, MENTAL
HEALTH PROFESSIONALS, AND
OTHERS WHO WORK TOGETHER IN
ACCORDANCE WITH MSF'S GUIDING
PRINCIPLES OF HUMANITARIAN
ACTION AND MEDICAL ETHICS.

THE ORGANIZATION RECEIVED THE
NOBEL PEACE PRIZE IN 1999.

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DEMOCRATIC REPUBLIC OF CONGO

MSF doctors doing rounds in the intensive care ward at Baraka Hospital, South Kivu. ©Brendan Bannon

DEAR FRIENDS,

WE THINK IT'S FAIR TO SAY THAT **2014 WAS ONE OF THE MOST CHALLENGING YEARS** IN THE HISTORY OF DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF), A YEAR MARKED BY UNCOMMONLY COMPLEX CRISES THAT DEMANDED RAPID, SUSTAINED, AND EFFECTIVE RESPONSES ON MANY DIFFERENT FRONTS.



As you know, our teams were pushed into new territory—and to their limits—by the Ebola outbreak in West Africa, which required us to mobilize personnel and resources on a vast scale in order to treat victims and slow the spread of the disease across Liberia, Guinea, and Sierra Leone.

We first sounded the alarm in March, long before others started paying attention, and struggled to keep pace as the disease gained momentum, killing thousands and terrifying communities. As teams in the field treated as many patients as they could, our leadership repeatedly exhorted other bodies to bolster their responses, and headquarters and field staff offered training in Ebola treatment for other agencies—from local NGOs to international organizations to governments.

The outbreak forced us to make difficult operational decisions, not least how to balance the urgent needs of patients with the need to keep our staff as safe as we could in highly infectious environments. And now we must remember not only those we helped save, but also those we lost, which, tragically, includes 13 of our own staff members, who quite literally gave their lives in the effort to beat back this lethal disease.

As is always the case, however, the intensity of one crisis did not diminish the needs elsewhere. **Throughout the year, MSF continued to provide emergency care in massive humanitarian emergencies in South Sudan, Central African Republic (CAR), Syria, and beyond,** work that brought with it similar levels of pride in what we were able to accomplish, anguish about those we could not reach, and mourning for members of our own teams who died in the effort.

The dangerous nature of our work was again brought into fine focus. We had 13 staff members abducted in Syria, five of whom were held for several months. Three others were killed when a project in Boguila, in CAR, was attacked by gunmen. We also had numerous facilities ransacked and robbed, staff members harassed and intimidated, even patients killed in their beds when a facility in South Sudan was overrun by militants.

This is part of the world in which we operate, where instability often reigns and our best efforts to establish a safe space in which we can provide care can fall short. It is a stark calculus. When millions of people are cut off from humanitarian aid,

trapped in a war zone or a displacement scenario or some other crisis, our humanitarian spirit propels us to be at their side, providing care and bearing witness. At the same time, our responsibility toward our staff requires us to be vigilant as we make assessments that help us gauge whether it is reasonable to run programs in a given area, knowing that should we leave, there would be no assistance for the population at all.

In the face of these limitations, however, MSF was able to provide meaningful care to millions of people caught in crisis.

We ran six health facilities in northern Syria, for instance, and provided support to 100 medical centers in places it was not safe for us to go. We ran 20 medical projects across CAR and nearly as many in South Sudan, serving, in most cases, people with no other options for medical care.

In addition to responding to emergencies and raising awareness about the suffering we witness, **MSF also remained wary of developments that could affect our ability to deliver aid in the future. The Trans-Pacific Partnership Agreement (TPP) is one such measure.** A pan-Pacific trade agreement negotiated in secret, its working draft contained stipulations that would severely undermine access to affordable medicines. We advocated for changes in these clauses throughout 2014, and we have continued this work in 2015.

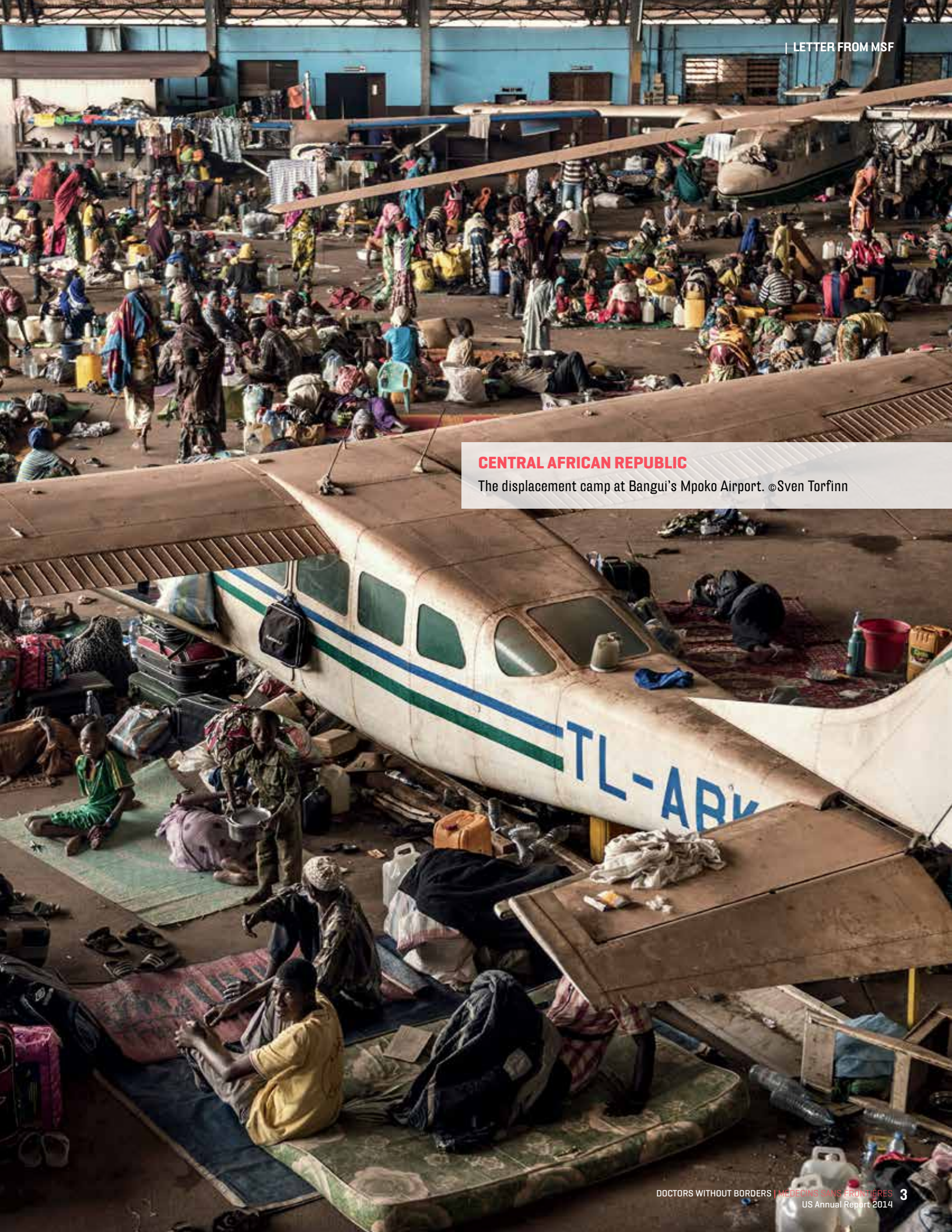
It is the generosity of our donors, who came through for MSF in amazing force in 2014, that allows us to proceed with this work. We far surpassed projections and raised more than \$330 million in 2014, putting us in a strong financial position to tackle the web of continuing emergencies and the new ones that will inevitably arise [because they always do]. **We are ever grateful to those who supported us in the response to the Ebola crisis and also those who provided unrestricted funding that allows us to respond to simultaneous crises based first and foremost on the medical needs on the ground, now and into the future.**

We are deeply grateful for your humanitarian spirit, your dedication, your commitment. We emerged from 2014 stronger, thanks to you, and ready for what the coming days bring.

Sincerely Yours,

Sophie Delaunay, MSF-USA Executive Director

Deane Marchbein, President, MSF-USA Board of Directors



CENTRAL AFRICAN REPUBLIC

The displacement camp at Bangui's Mpoko Airport. ©Sven Torfinn

DELIVERING CARE, R

AT THE START OF 2014, MSF WAS RESPONDING TO A HOST OF GRAVE EMERGENCIES AROUND THE WORLD. CONFLICTS ENGULFED SYRIA, SOUTH SUDAN, CENTRAL AFRICAN REPUBLIC, AND OTHER NATIONS, WHILE THE PHILIPPINES DUG ITSELF OUT OF A TYPHOON'S WAKE AND NUMEROUS OTHER NATIONS FACED MEDICAL CRISES BROUGHT ON BY A HOST OF FACTORS.



COLOMBIA

An MSF outreach team visits families in the shantytowns of Quibdó. ©Pieter ten Hoopen

REPORTING BACK



As dictated by its mission, MSF sent teams to provide medical care to people who would otherwise not be able to access it, people whose lives hung in the balance. We

will never be able to cover all the needs; this we know. But as the year began, MSF staff in 63 countries were treating thousands of patients every day, doing their utmost to save lives and tend to patients suffering from any number of maladies and injuries.

Then, on just the second day of January, 13 staff members working in northern Syria were kidnapped by the Islamic State (IS) despite earlier guarantees from local commanders that they would not interfere in our medical facilities or harm our staff in areas under their control. Eight Syrian staff were quickly released, but three international staff were held until April and two others until May.

MSF subsequently withdrew from IS-controlled areas, despite ongoing carnage and the tremendous volume of medical needs related to the war itself and to the total breakdown of the country's health system, which has left people with precious few options for emergency care and more routine services—maternal care, for example—alike. Some local commanders later asked us to return to IS territory, but without guarantees of safety from the group's senior leadership, it was impossible to do so.

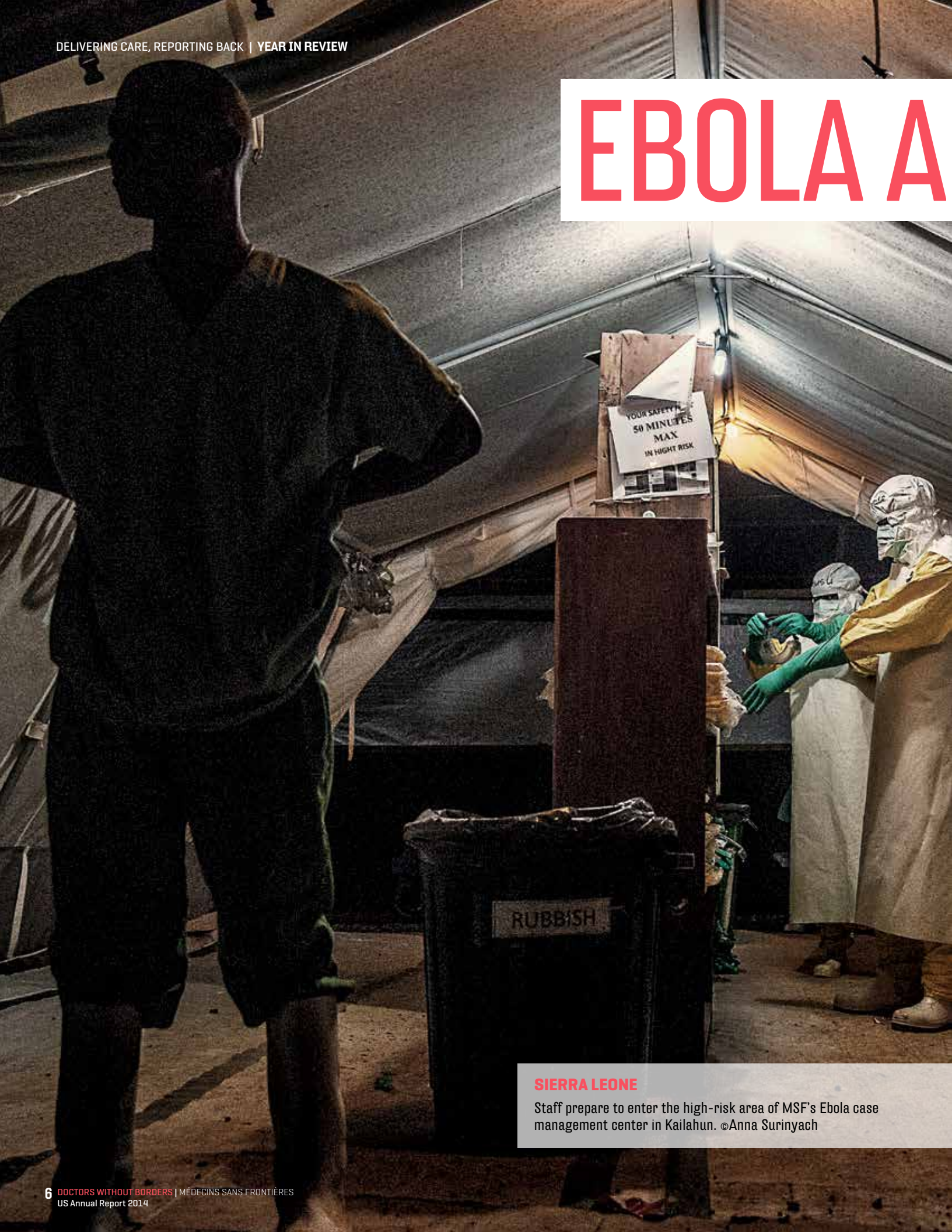
MSF still runs hospitals in areas not controlled by IS or the government—including in Aleppo, Syria's second-largest city, which was under bombardment throughout 2014—and supports more than 100 health facilities run by Syrian

medical health professionals working in extremely hazardous conditions throughout the country. Our teams also work with Syrian refugees in neighboring countries—Lebanon, Jordan, and Iraq, in particular—and further afield. The distance refugees travel testifies both to their desperation and their determination to find some modicum of safety for their families.

The abduction in Syria was one of several serious security incidents MSF confronted in 2014. Another occurred in Boguila, in Central African Republic, when gunmen entered an MSF facility while staff were holding a meeting with local leaders and killed 19 people, including three MSF staff members. In South Sudan, patients were shot in their beds, wards were burned to the ground, medical equipment was looted; in one case, an entire hospital, in Leer, was effectively destroyed, denying lifesaving assistance to hundreds of thousands of people. In addition, one of four staff members abducted in Democratic Republic of Congo in 2013 was freed, but three others remain unaccounted for.

These incidents highlight the ways in which MSF must constantly try to balance the security of staff with the desire to address emergency medical needs in extraordinarily complex and sometimes dangerous environments. Even one security incident is too many, but our way of working allowed us to treat more than 8.25 million patients the world over in 2014, and we know we must remain bold in our actions if we are going to provide the range, scope, and quality of care we aspire to in the years to come.

EBOLA A



SIERRA LEONE

Staff prepare to enter the high-risk area of MSF's Ebola case management center in Kailahun. ©Anna Surinyach

AND MSF'S RESPONSE

THE EFFORT TO STRIKE A BALANCE BETWEEN REACHING PATIENTS IN NEED AND KEEPING OUR PERSONNEL SAFE MANIFESTED IN A DIFFERENT WAY IN MARCH 2014,



when MSF staff in Guinea were witness to an outbreak of Ebola that quickly spread to neighboring Sierra Leone and Liberia. The epidemic turned into the biggest of its kind ever experienced; among its victims were some 8,000 people, including scores of health workers, 13 of whom were working with MSF.

As projects expanded on the ground, bolstered by extraordinarily dedicated national staff members, our field human resources teams scrambled to find and send out field workers with the proper experience to work in such a demanding environment; for those who did not yet have that experience, rigorous training programs were organized in Brussels covering, among other things, the bio-safety precautions necessary in Ebola treatment centers.

MSF teams treated more than a third of all confirmed cases during the outbreak, seeing firsthand the toll the disease was taking. Each time one of our staff fell ill, we tried to understand how it happened and how protocols could be improved, with the ultimate goal of providing care for as many patients as possible, even as the epidemic gained pace. At the same time, our international leadership implored the international community to muster a response commensurate with the gravity of the crisis.

Although MSF learned a great deal about the way Ebola behaves inside the body, much remains unknown—information that will be crucial for dealing with future outbreaks of Ebola and similarly aggressive diseases. Before this outbreak, Ebola, like many diseases that do not affect the developed world or are not perceived as a bioterrorism threat, was not a research priority for pharmaceutical companies and national governments. In August, MSF joined research institutions, the World Health Organization (WHO), ministries of health, and certain pharmaceutical companies to stage trials of experimental treatments and vaccines, starting in December, in Guinea.

EMERGENCIES ABOUNDING

MSF DEVOTED A GREAT DEAL OF FINANCIAL AND HUMAN RESOURCES TO OUR EBOLA RESPONSE, AS COVERAGE OF THE OUTBREAK ECLIPSED MANY OTHER CRISES.

Other contexts could not be ignored, however; even as we expanded our efforts in West Africa, we had other teams responding to burgeoning and ongoing emergencies in Iraq [where fighting drove some two million people from their homes], Afghanistan, Pakistan, Ukraine, Nigeria, South Sudan, the Occupied Palestinian Territories, Haiti, and elsewhere, including along the migrant routes heading north through Central America and across the Mediterranean Sea.

Our medical professionals were also treating people with HIV, malaria, and tuberculosis; running vaccination campaigns for children in a host of countries; and caring and advocating for neglected communities in places like Myanmar, Honduras, and India. Concurrently, various MSF offices were leading advocacy efforts against provisions of the Trans-Pacific Partnership trade agreement that would restrict access to lifesaving medicines, calling attention to high prices for vaccines, and both developing and demanding new models for research and development of medications that put people over profits. MSF's US office also developed a powerful communications and advocacy project around women's health—"Because Tomorrow Needs Her" [www.womenshealth.msf.org]
—highlighting the need for greater appreciation of medical issues specifically affecting women, such as ante- and post-natal care, emergency obstetrics, and fistula, among others.





IRAQ

Terrified families fleeing violence in Iraq's Sinjar region. ©Favila Escobio

RESEARCH, DATA, AND ADVOCACY

MSF REMAINS VOCAL ABOUT MANY OF THESE PROJECTS AND ISSUES, BOTH TO SHINE A LIGHT ON THEM AND TO BE TRANSPARENT WITH OUR SUPPORTERS ABOUT OUR ACTIVITIES.

Less well-known is the operational research undertaken with an eye towards improving delivery of care and making data-based contributions and recommendations to the medical literature on the treatment of certain diseases or injuries and the nature of working in certain contexts.

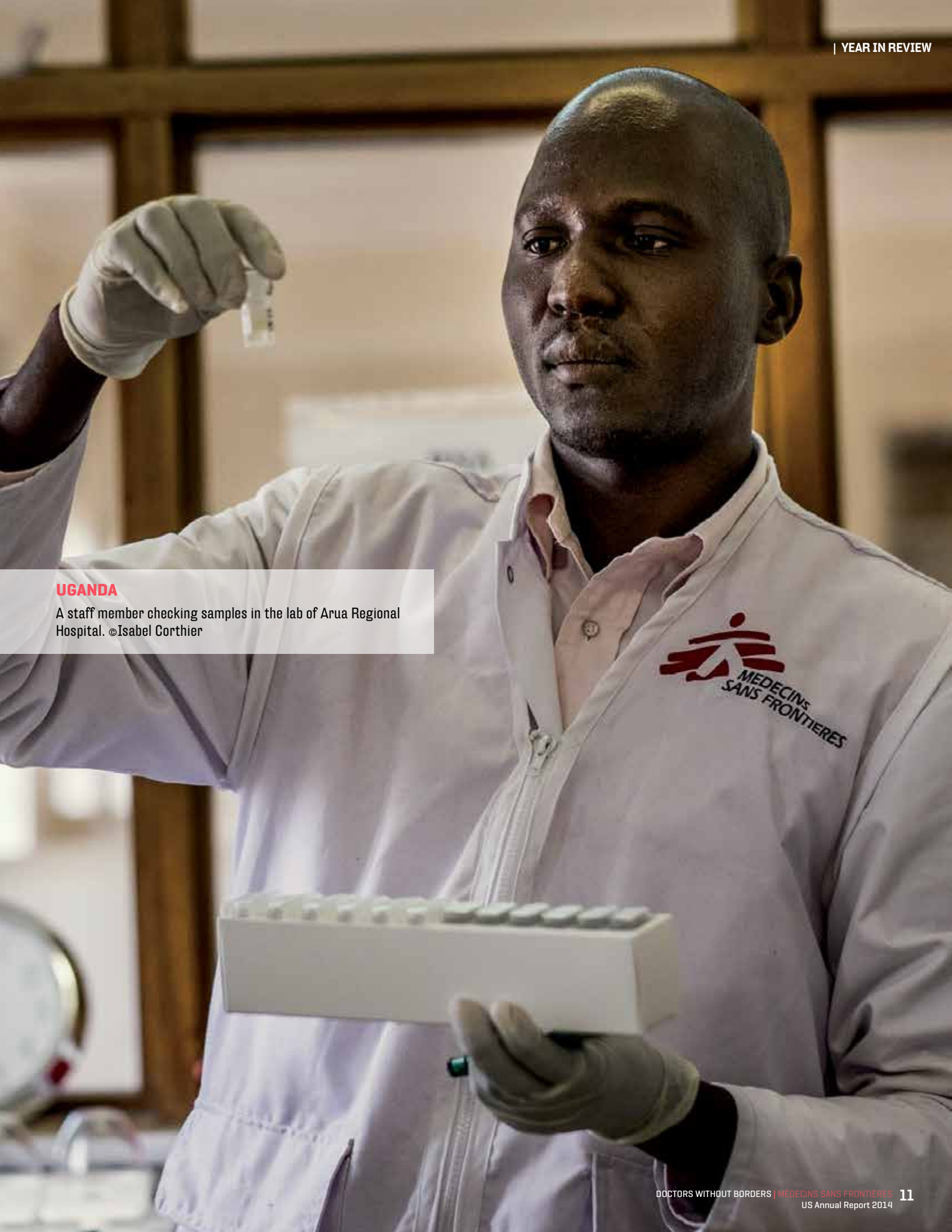
More broadly, operational research enables MSF to improve program performance, assess the feasibility of new strategies and/or interventions, and advocate for policy change. It also makes MSF accountable to its patients, its donors, and itself, challenging complacency and “business as usual” approaches. What’s more, operational research leads to improved medical/scientific visibility and credibility, raising awareness of the scientific literature among field staff and facilitating networking and partnerships with other organizations. It also brings synergistic improvements to data collection, monitoring, and feedback, which is vital for credible medical témoignage—bearing witness, speaking out—on behalf of patients.

In the 1990s, for example, MSF’s field-based operational research led to significant changes in treatment protocols and attitudes around malaria and HIV. And MSF has remained an important and at times pioneering contributor to international health research. This is reflected by the number of peer-reviewed publications in which MSF’s work has featured, which has increased from just a handful in

2000 to more than 150 in 2014. Since 2010, MSF-authored publications have been downloaded for free from the MSF Field Research website (www.fieldresearch.msf.org) more than 430,000 times, suggesting that interest in MSF’s operational research is growing significantly.

To further these efforts, MSF has created operational research fellowships, participated in international scientific conferences, established an Ethics Review Board, supported open access to publications, launched an innovation fund, and set up research registries. MSF has also helped develop a WHO-accredited course that is seen as a blueprint for increasing operational research in 70 low- and middle-income countries.

MSF studies have found, for example, that packages for treatment of survivors of sexual violence did not take into account children and men; that antiretroviral drugs can be offered in conflict settings with good outcomes; and that new pathways for treatment and prevention of malaria in low-resource settings were feasible. Other research topics in recent years include Ebola, the use of external fixators for broken bones, and the efficacy of vaccination campaigns for measles after outbreaks begin.



UGANDA

A staff member checking samples in the lab of Arua Regional Hospital. ©Isabel Corthier



SOUTH SUDAN

Civilians in Bentiu, in South Sudan's Unity State, after being driven from their homes by conflict. ©Ian Atkinson/MSF



LOOKING FORWARD

BOTH THE CRISIS IN SYRIA AND THE EBOLA CRISIS REPEATEDLY HIGHLIGHTED GLOBAL FAILURES IN THE HUMANITARIAN AID AND HEALTH SYSTEMS, WHICH HAD BEEN PRESENT FOR YEARS BUT HAD NEVER BEFORE BEEN SO EVIDENT.

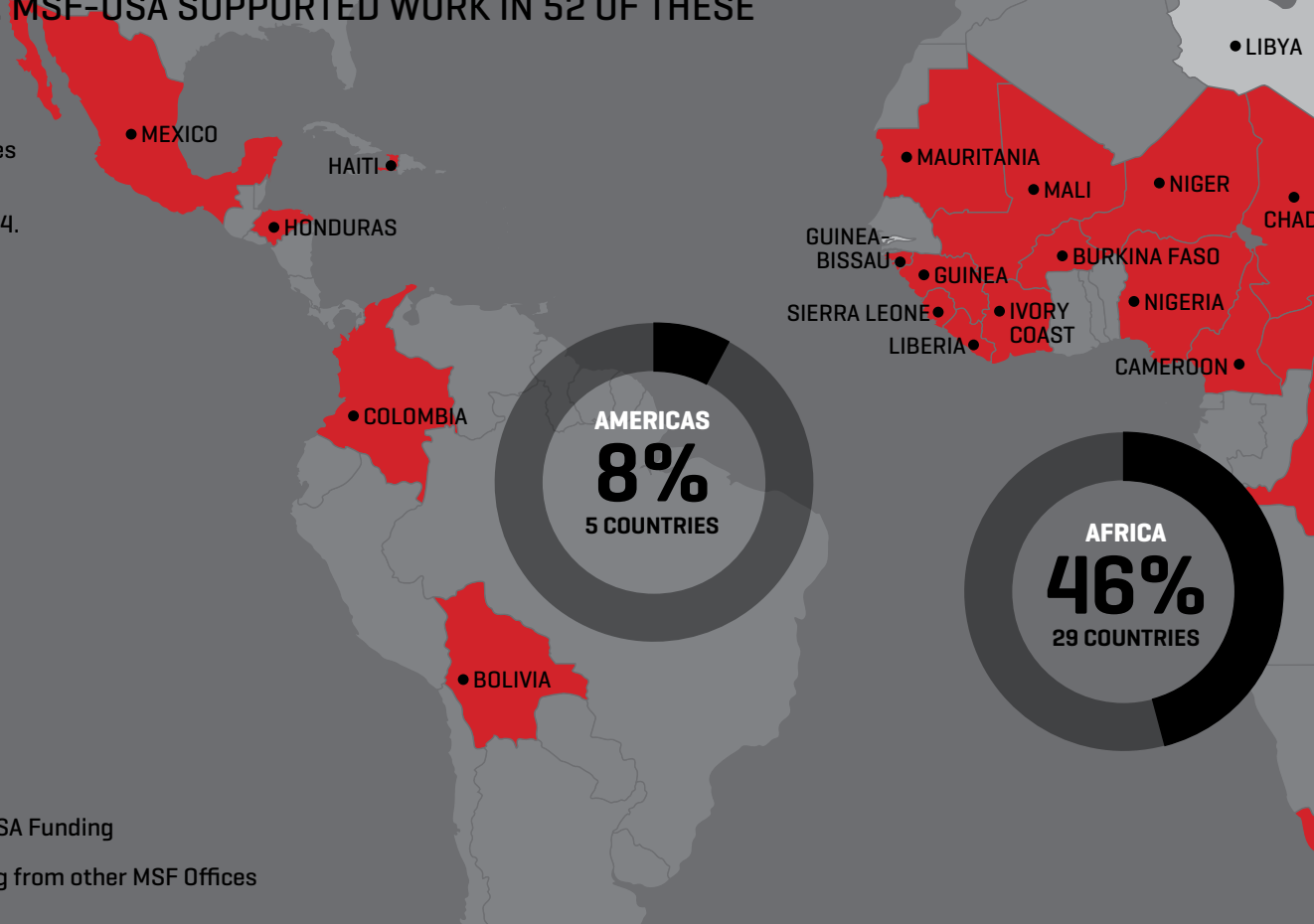
The lack of global leadership around these dynamics was striking as well. MSF was vocal about this, but ultimately MSF is a patient-focused organization and our attention remained—and will remain in 2015 and beyond—primarily on those in need of medical care, not global systems.

MSF concentrates on individuals and we are constantly striving to provide assistance to those who need it most. Our role is to save patients' lives, today, and we respond to crises with that purpose at the forefront of our minds. We could not work in this way without our supporters and our teams around the world, or without the private donations that allow us to remain action-oriented and responsive, as well as neutral, impartial, and independent. We want to take this opportunity to thank you all.

ACTIVITIES

IN 2014, DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) PROVIDED HUMANITARIAN ASSISTANCE IN 63 COUNTRIES. MSF-USA SUPPORTED WORK IN 52 OF THESE COUNTRIES.

Names are indicated solely for those countries and territories in which MSF ran projects in 2014.



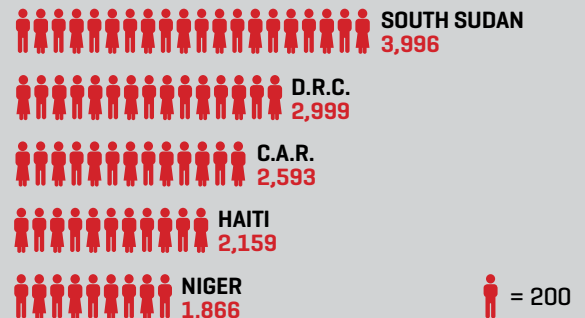
LARGEST COUNTRY PROGRAMS BASED ON EXPENDITURE IN 2014

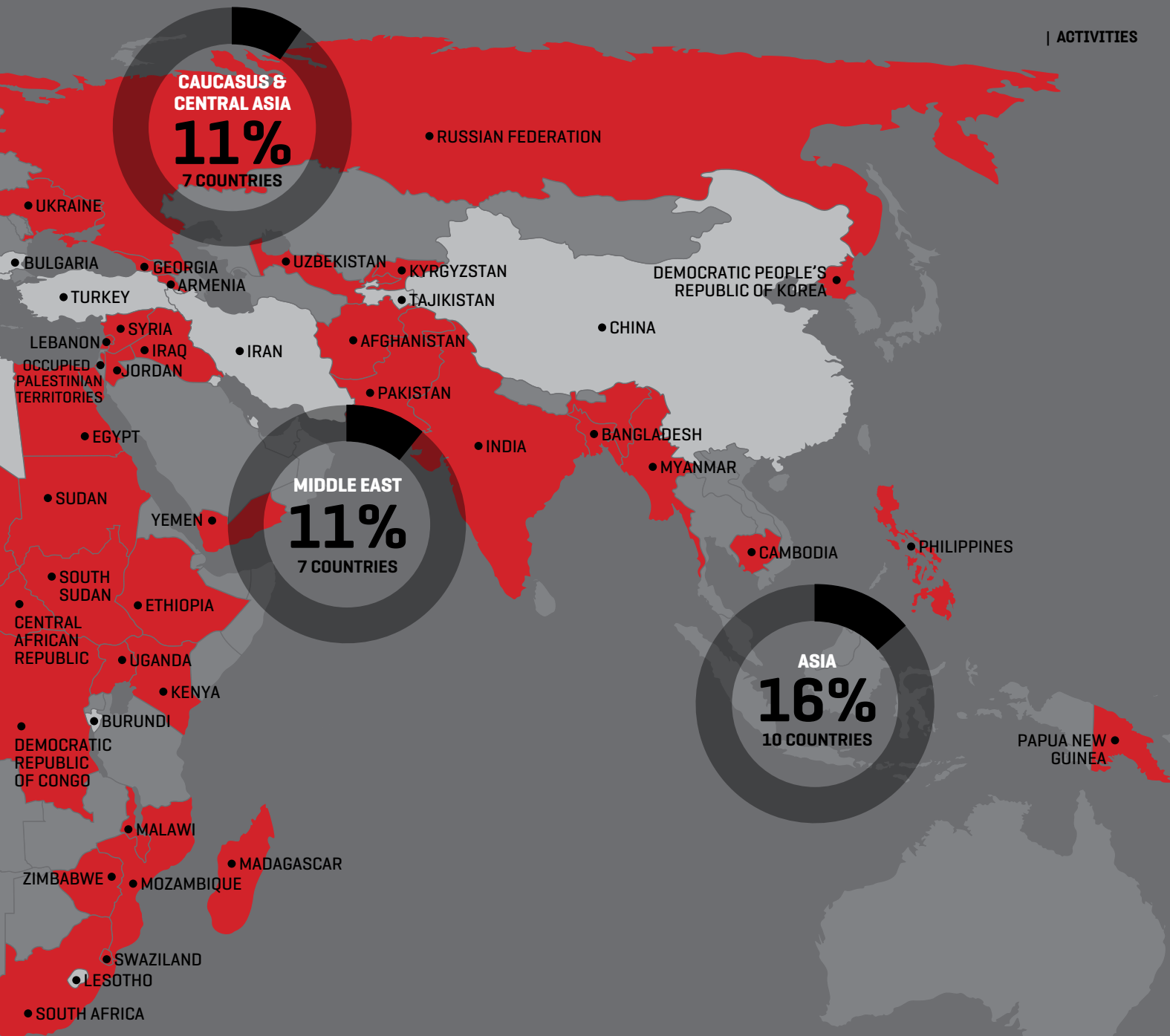
The total expenditure for our programs in these 10 countries was \$505.5 million, representing 54 percent of MSF's operational expenses.

- | | |
|-----------------|----------------|
| 1. SOUTH SUDAN | 6. AFGHANISTAN |
| 2. D.R.C. | 7. NIGER |
| 3. C.A.R. | 8. LIBERIA |
| 4. HAITI | 9. ETHIOPIA |
| 5. SIERRA LEONE | 10. IRAQ |

STAFF NUMBERS IN 2014

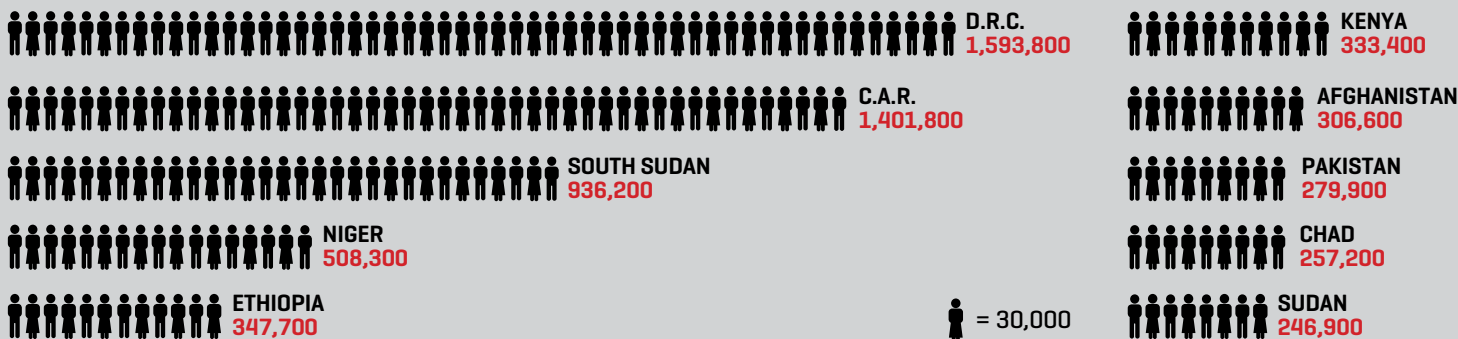
Largest country programs based on number of MSF staff in the field.





OUTPATIENT CONSULTATIONS IN 2014

Largest country programs according to the number of outpatient consultations (not including specialist consultations).



2014 BY THE NUMBERS

GAZA

An MSF anesthesiologist checks on a child in the intensive care ward of Gaza's Shifa Hospital.

©Samantha Maurin/MSF.

ADMISSIONS AND CONSULTATIONS

OUTPATIENT
CONSULTATIONS:

8,250,700

ADMITTED
PATIENTS:

511,800

MEASLES

People vaccinated against measles in response to an outbreak:

1,513,700

People treated for measles:

33,700

EBOLA

People admitted to Ebola management centers in Guinea, Liberia, and Sierra Leone:

7,400

FEEDING CENTERS

Severely malnourished children admitted to inpatient or outpatient feeding programs:

217,900

HIV

HIV patients registered under care at end of 2014:

229,900

Confirmed to have Ebola:

4,700

Recovered and discharged:

2,200

MENTAL HEALTH

Individual and group mental health consultations:

218,400

MENINGITIS

People vaccinated against meningitis in response to an outbreak:

75,100

MALARIA

Malaria cases treated:

2,114,900

TUBERCULOSIS

Patients on first- or second-line TB treatment:

23,300

SEXUAL VIOLENCE

Patients treated medically for sexual violence:

11,200

CHOLERA

People treated for cholera:

46,900

BIRTHS

Women who delivered babies, including Caesarean sections:

194,400

SURGERY

Major surgical interventions, including obstetric surgery, under general or spinal anesthesia:

81,700

PROJECT SUPPORT

PROJECTS DESCRIBED IN THIS SECTION WERE MADE POSSIBLE IN PART BY GENEROUS CONTRIBUTIONS FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS IN THE UNITED STATES.

The great majority of funds MSF collects are unrestricted to any particular project, which is essential to MSF's ability to react to emergencies as they unfold. The dollar amounts here reflect the total MSF-USA funding directed by MSF to field programs in a given country. These amounts are part of total project costs presented by MSF International in its 2014 International Activity Report [www.doctorswithoutborders.org/our-work/publications/annual-reports].

AFRICA

BURKINA FASO \$771,341

When Malians fleeing violence in their homeland crossed into Burkina Faso's Oudalan Province in 2012, MSF began providing basic health care to some 8,000 people in informal settlements around Gandafabou. In 2013, MSF began providing medical and pediatric care, along with vaccinations, in and around settlements at Déou and Dibissi. Last year, as the number of Malian refugees decreased, MSF closed the projects after donating supplies to area medical facilities.

CAMEROON \$600,000

MSF established emergency programs in Cameroon in response to an influx of roughly 135,000 refugees from Central African Republic [CAR]. Teams supported the Ministry of Public Health, offering medical, nutritional, and psychological care to refugees, as well as general care, maternity services, and pediatric care in host communities.

In Garoua-Boulai, MSF conducted consultations, distributed relief items, and provided water and sanitation support at the Pont Bascule transit site. Staff at the district hospital provided about 1,000 weekly outpatient consultations. MSF also supported a therapeutic feeding center at Protestant Hospital.

At the Gado-Badzéré camp, MSF ran an outpatient feeding center, provided psychological counseling, ran water and sanitation activities, undertook epidemiological surveillance, and responded to a cholera outbreak. And in Gbiti, MSF conducted 1,000-plus weekly consultations, supplied water, and built latrines and showers. Staff referred patients requiring intensive care and treated severely malnourished patients at Batouri District Hospital.

In June, MSF handed over the Buruli ulcer pavilion in Akonolinga, which had treated 1,400 patients since 2002, to the Ministry of Health [MoH].

CENTRAL AFRICAN REPUBLIC \$9,096,502

Intercommunal conflicts continued to cause massive displacement and catastrophic health conditions in CAR, where care, trained staff, and supplies have long been in short supply. Rampant malaria and appalling living conditions took a staggering toll as whole communities were driven from their homes and forced to live in sectarian enclaves, flee the country, or subsist in the bush. All told, more than 430,000 people were displaced and hundreds of thousands became refugees.

MSF, already CAR's main health care provider, expanded efforts, but insecurity limited reach. In April, for instance, armed men killed 19 civilians, including three MSF national staff, at MSF's hospital in Boguila.



NIGER

An MSF team carries out a seasonal malaria chemoprevention program in Niger's Madaoua District. ©Juan Carlos Tomasi

Nonetheless, teams in Bangui, the capital, assisted tens of thousands, providing emergency surgery at the general hospital; maternal health care and surgery in the Castor Health Center; medical and psychological care for victims of sexual violence; basic care for children; and mobile clinics for the displaced.

In Berbérati, MSF assisted the displaced, pregnant women, and children at Regional University Hospital, while also running weekly mobile clinics, performing nearly 42,000 consultations and vaccinating 23,000 children against measles. MSF also responded to spikes of violence and displacement in Bouar and other areas. Following the Boguila attack, however, some services were reduced or handed over. Insecurity also forced a partial evacuation from Kabo, where teams treated more than 46,000 patients, most for malaria.

In Batangafoa, MSF carried out nearly 100,000 consultations and hospitalized 5,000 at a 165-bed hospital and five health centers. Teams opened projects in Bambari and Grimari as well, running mobile clinics for the displaced, supporting local health centers, and vaccinating children. MSF also carried out some 5,500 consultations in Dekoua following clashes.

In Carnot, teams performed more than 49,000 consultations and tended to displaced Muslims sheltering in a church. Staff in Paoua carried out some 71,400 consultations and treated children during peak malaria season.

Other teams provided emergency care in Bangassou and Ouango and carried out nearly 50,000 consultations in Bria, many for malaria and malnutrition. Basic and specialist care was offered at Ndélé Hospital and four health centers, and in Zémio and outlying health posts.

CHAD \$5,861,935

Access to care is limited in Chad, where malnutrition, malaria, and disease outbreaks are common, and an influx of refugees strained resources. MSF teams provided free basic and specialized care in a number of sites.

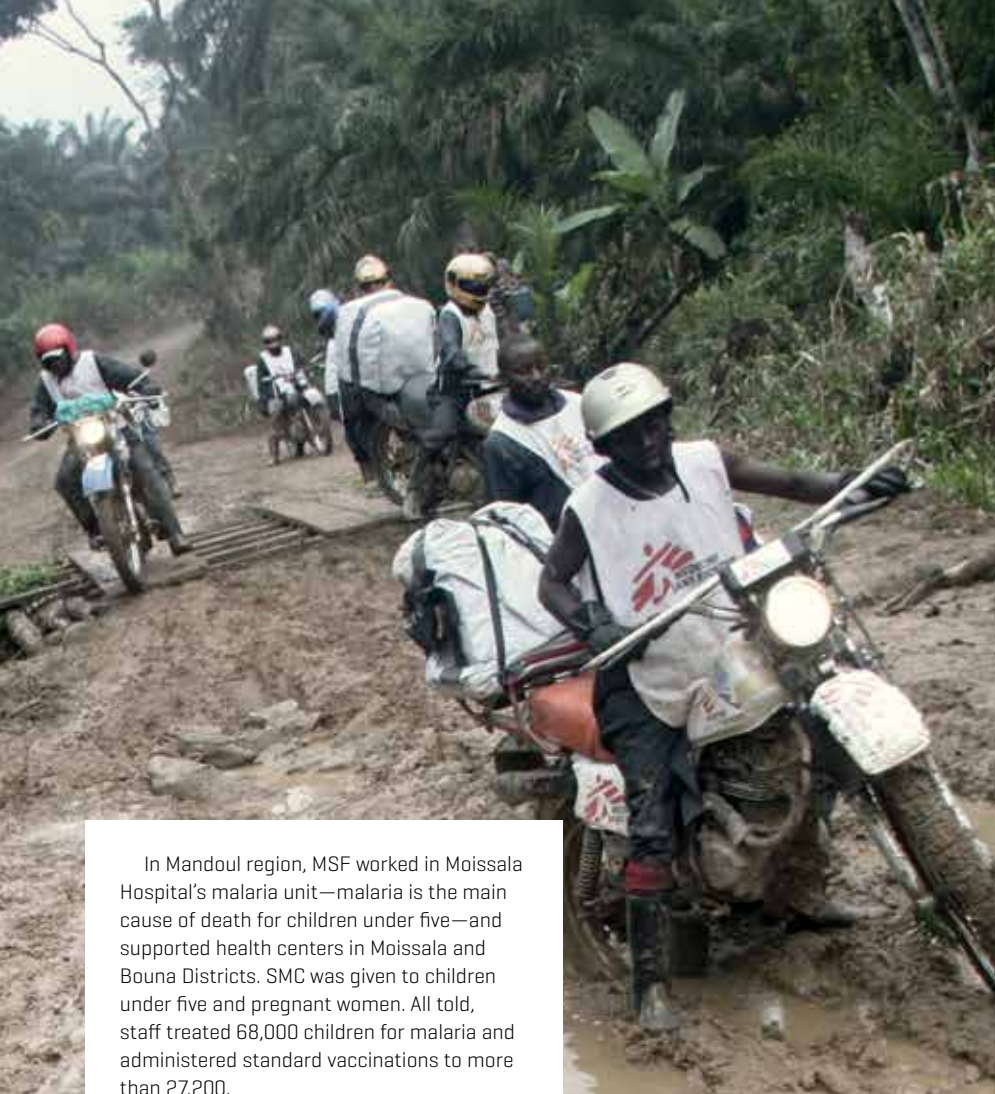
With roughly 200,000 refugees from CAR arriving in southern Chad, MSF carried out more than 35,000 consultations in Bitoye, Goré, and Sido, mainly for malaria. Teams also ran mobile clinics, vaccinated against measles, and provided seasonal malaria chemoprevention (SMC) for upwards of 1,300 children.

MSF provided care to the local population, Chadian returnees, and Sudanese refugees from Darfur through a fixed clinic in Tissi, mobile clinics in Biere and Amsisi, and health posts in Um Doukhum and Ab Gadamm, which collectively conducted upwards of 47,300 consultations.



DEMOCRATIC REPUBLIC OF CONGO

A motorbike-borne mobile clinic near Pinga, North Kivu.
©Jean-Pierre Amigo/MSF



supported Shamwana Hospital and six health centers in Kiambi, Mitwaba, and Kilwa, carrying out some 67,000 consultations, and treated 37,000 people for malaria in Kinkondja.

In Orientale, MSF focused on health care for women and children under five and offered emergency and intensive care, along with pediatric and maternity services, at Gety Hospital, treating more than 96,800 patients. Other staff tended to survivors of sexual violence in Nia Nia, Mambassa, and Bafwasende health zones, and in Ituri District.

Screening and treatment for sleeping sickness in Doruma and HIV in Kinshasa continued, and emergency teams responded to measles, typhoid, yellow fever, and Ebola outbreaks.

ETHIOPIA \$8,310,640

With some 200,000 South Sudanese refugees in the Gambella region, MSF provided care at health posts in Pagak and Tiergol, ran mobile clinics in Pamdong and Burbiey, and conducted outpatient consultations in the Matar transit camps. MSF also ran a 100-bed hospital in Leitchuor camp.

In Kule and Tierkidi camps, MSF built a water treatment plant, showers, and latrines; teams offered inpatient and outpatient services in nearby Itang, too. Staff also provided care at health posts in Tierkidi camp, general care and hepatitis E treatment in Kule, and preventative cholera vaccinations for 155,000 refugees and residents. Another 23,000 children received pneumococcal vaccines.

In the Southern Nations, Nationalities, and People's Region, teams focused on mothers and children in Sidama and worked in health centers in Mejo and Chire. MSF also built two maternity waiting houses for women with high-risk pregnancies, supported referrals of pediatric emergencies, and worked with the Regional Health Bureau to strengthen preparedness and surveillance.

In Somali region, where the population of Somali refugees in Liben's Buramino and Hiloweyn camps reached 77,000, MSF provided basic care, pediatric inpatient care, emergency obstetric surgery, and measles and polio vaccination for children. Staff at Degehaur's regional hospital offered pediatric, TB, nutritional, and emergency care, while also supporting three health centers and nine area health posts.

In Nogob, MSF provided emergency referrals, outpatient services, nutritional support, pediatric care, and obstetrics and gynecology at Fiq Hospital. In Danod, MSF ran weekly

In Mandoul region, MSF worked in Moissala Hospital's malaria unit—malaria is the main cause of death for children under five—and supported health centers in Moissala and Bouna Districts. SMC was given to children under five and pregnant women. All told, staff treated 68,000 children for malaria and administered standard vaccinations to more than 27,200.

In Hadjer Lamis, staff treated nearly 24,000 children during peak malaria season, provided emergency pediatric care and specialized treatment for malnourished children at the hospital in Massakory, and offered basic health care in four surrounding health centers. MSF also treated acutely malnourished children in Bokoro.

Concurrently, MSF supported the government hospital in Am Timan and health centers, focusing on child care, malnutrition treatment, HIV and tuberculosis (TB) care, and reproductive health care, carrying out more than 20,600 consultations and assisting some 1,900 deliveries.

Additionally, MSF performed more than 900 emergency surgeries at Abeché Hospital in Ouddai region and worked with the MoH during a measles outbreak to treat more than 4,500 patients in N'Djamena and vaccinate nearly 70,000 children in Massakory.

DEMOCRATIC REPUBLIC OF CONGO \$23,803,135

MSF's programs in DRC, where conflicts past and present hamper delivery of care, were again among its largest in terms of finances and personnel. MSF worked with the MoH to provide comprehensive services people could not otherwise obtain or afford. The work

comes with risks: four Congolese MSF staff members were abducted in 2013 in North Kivu. One, Chantal, was freed in 2014, but Philippe, Richard, and Romy remain missing.

In North Kivu, MSF supports Rutshuru's 300-bed hospital and admitted 28,800 patients (31 percent more than in 2013). Teams also work in Masisi Hospital, an outpatient center in Masisi, the Nyabiondo health center, and mobile clinics for displaced people and remote villages.

In Mweso and Walikale Hospitals and associated health centers, staff provided basic and specialist care and ran malaria-focused mobile clinics in Walikale health zone, treating more than 16,200.

In South Kivu, MSF supported Shabunda General Hospital, Matili Hospital, and seven health centers, while providing basic and specialist care to displaced people and host communities in Minova and Kalonge. Teams in Fizi treated more than 101,200 patients for malaria, assisted 8,500 births, and cared for 2,035 cholera patients. Staff also conducted 76,100 outpatient consultations and treated 42,800 patients for malaria at Lulimba Hospital.

Other teams worked to treat and prevent cholera in Katanga, malaria in Kongolo (where MSF treated more than 12,300 children), and measles in Lubumbashi. Furthermore, MSF

mobile clinics offering maternity services, nutrition care, and training. And in Wardher, staff supported the hospital's pediatric, TB, and maternity departments, as well as a stabilization unit for severely malnourished children; ran mobile clinics in five villages; and operated an ambulance service.

In Amhara, MSF provided kala azar, HIV/AIDS, and TB care in Abdurafi and offered emergency services and pediatric inpatient care in Humera and Gondar.

GUINEA \$3,526,183

In February 2014, MSF vaccinated more than 370,000 children against measles in three Conakry neighborhoods and treated 2,948 cases. Other teams ran a malaria project in Guéckédou.

Focus shifted with the onset of the Ebola outbreak that was declared on March 22 and later became the largest of its kind ever recorded. Staff from the malaria program were reassigned to help the MSF emergency team build an Ebola management center (EMC), which immediately began caring for patients, conducting outreach, training medical and sanitation staff, and offering psychosocial care. By year's end, 1,076 Ebola cases had been confirmed in Guéckédou; 430 recovered.

MSF opened a transit center in Macenta, Nzérékoré region, which transferred 520 patients to Guéckédou EMC and was later converted into an EMC and handed over to the French Red Cross. Teams also established an EMC in Conakry's Donka Hospital, admitting 1,463 patients; 594 were confirmed to have Ebola, and 290 recovered. When Telimele District reported cases, MSF set up an isolation area and built an EMC.

As part of the search for new treatments, MSF's Guéckédou teams, working with the French National Institute of Health and Medical Research, ran a trial of an experimental drug, favipiravir. Results and more trials were planned for 2015.

GUINEA-BISSAU \$935,000

In Guinea-Bissau, MSF supports a rudimentary health system that suffers from poorly functioning facilities, a lack of resources, and unequal access to care. In the remote Bafatá region, where there are few care options and high mortality rates—average life expectancy



is 48 years—MSF began providing free pediatric care at health centers in rural Tantan Cossé, Contuboeil.

A team also provides basic and specialist care for children at the regional hospital and partners with community health workers to develop decentralized, community-based health care for children.

IVORY COAST \$1,564,253

MSF supported the MoH's focus on maternity and pre- and antenatal care. MSF opened a 90-bed mother-and-child health program in Katiola Hospital, bolstering capacity for emergency obstetric and neonatal care. While renovating Katiola's maternity unit and operating theaters, building a water-and-sewage network, and organizing midwife training, MSF assumed management of emergency obstetric care and complicated deliveries, assisting more than 1,000 births, including 100-plus Caesarean sections.

As Ebola spread in neighboring countries, an MSF team assessed preparedness in border areas and collaborated with health authorities to build an Ebola management center in Yopougon Hospital in Abidjan as a contingency plan.

KENYA \$5,899,878

In Dadaab, which, as "home" to 350,000-plus Somalis, is the largest refugee camp in the world, MSF's Kenyan staff manages a 100-bed hospital and an inpatient feeding center in Dagahaley, a highly insecure environment rife with kidnapping, robbery, and sexual assault threats. Despite limitations, teams offered outpatient and inpatient services, maternity care, emergency surgery, and HIV/AIDS and TB treatment. Staff also supported four health posts. Each month, teams performed some 15,000 outpatient consultations and 1,000 antenatal consultations, and admitted 1,000 patients. [Unfortunately, worsening insecurity curtailed activities in May 2015.]

Meanwhile, MSF began handing over its HIV program in Homa Bay after providing antiretroviral (ARV) treatment to people since 2011, including more than 7,400 in 2014. MSF started a new program in Ndhwa after detecting adult HIV prevalence up to 24 percent.

In Nairobi's slums, MSF's program at Mathare's Lavender House clinic offered comprehensive care for sexual and gender-based violence, including a 24-hour hotline and ambulance pick-up, to some 200 patients [half of them minors] each month. Staff provided trauma care to another 300 patients each month and set up a dispatch center for residents.

MSF also supported emergency care at Mama Lucy Kibaki Hospital, Eastlands's only hospital, and its TB program in Mathare initiated its first extremely drug-resistant TB (XDR-TB) patient on the new anti-TB drug bedaquiline.

CENTRAL AFRICAN REPUBLIC

Displaced women queue at an MSF distribution point at Bangui Central Mosque.

©Yann Libessart/MSF

Two clinics in Kibera provided the only free care in the area, treating HIV/AIDS, TB, chronic diseases, and survivors of sexual violence. A new clinic in Kibera South provided basic health care, maternity services, and care for diseases such as HIV, diabetes, and asthma.

LIBERIA \$3,000,000

Liberia's first Ebola cases were confirmed on March 31. Given the disease's virulence and a medical system decimated by years of war, the country was ill-prepared. In months, the number of sick had risen exponentially and people were dying in the streets.

MSF sent staff to Lofa and Margibi counties in April to follow up on reports of Ebola and support an isolation unit. In Foya, MSF built an EMC, trained health staff, and supported alert systems. To establish a comprehensive approach to fighting and containing the disease, teams implemented a package of medical care, outreach, psycho-social support, and contact tracing. Of nearly 700 patients admitted, 394 were confirmed with Ebola; 154 survived.

MSF supported the authorities and staff in Monrovia's JFK and Elwa Hospitals. An isolation unit was built in JFK and the 120-bed Elwa 3 EMC was opened, later expanding to 250 beds, making it the largest EMC ever built. At the height of the outbreak, teams admitted 152 patients per week and were forced to turn away 30 people per day because there still wasn't enough space.

Elsewhere, MSF's rapid response team ran mobile clinics, trained health staff, and supported as many as 22 health centers. Other teams opened a new pediatric hospital, set up an ambulance service, and opened a 10-bed transit center at Redemption Hospital. MSF also worked in River Cess and Grand Bassa counties, and distributed antimalarials to 522,000 people in Monrovia.

The caseload decreased dramatically by year's end, but contact tracing and communication remain essential, and non-Ebola health needs must be addressed to ensure people do not continue to die of treatable diseases such as malaria and diarrhea.

MADAGASCAR \$414,222

MSF ran a project based in Bekily Hospital in the Androy region focused on pregnant women experiencing complications, malnourished children, and care for TB, schistosomiasis, and malaria. Since 2011, the project conducted some 20,000 emergency consultations, 42 percent for children. Teams also carried

out 12,000 antenatal consultations, admitted 1,460 children, and diagnosed and treated 130 TB patients before the project was handed over to the MoH.

MALAWI \$785,594

MSF supports Malawi's national HIV response through training, technical support, and innovative treatment models designed to reach more people.

In Chiradzulu District, MSF aimed to simplify HIV treatment and reduce waiting times by putting people on ARVs on six-month appointment schedules. MSF is also implementing a UNITAID-funded project using point-of-care tests to measure CD4 count and viral loads.

In Nsanje, MSF sought to put all HIV-positive pregnant and breastfeeding women on ARVs, regardless of clinical status, to prevent transmission. The team also offered TB treatment in 14 health centers as a move towards integrated HIV-TB care. And MSF is bolstering counseling, testing, and treatment services for sex workers, adolescents, and people with advanced HIV.

In Thyolo, where MSF handed over first-line HIV treatment to the MoH, teams mentored local staff who provide second-line treatments and viral load testing. Some 4,200 people joined community ARV groups, wherein members take turns collecting medication on behalf of the group. And 12 students graduated from MSF's Rural Human Resources for Health Scholarship Program, in which they commit to work in the country's understaffed and hard-to-reach areas.

Furthermore, MSF screened roughly 4,400 inmates in two prisons in Lilongwe and Blantyre for HIV, TB, hepatitis B, and sexually transmitted infections (STIs), providing treatment and hepatitis B vaccinations, and established an HIV and STI project for truck drivers and commercial sex workers in Mwanza and Zalewa.

MALI \$5,889,021

With insecurity and a lack of trained health workers in northern Mali limiting access to care, MSF carried out more than 47,750 consultations at health centers in Gao and the Ansongo Reference Hospital. MSF also supported the MoH during a measles outbreak and helped screen more than 40,000 children for child malnutrition and SMC.

MSF supported the 65-bed Timbuktu Regional Hospital, focusing on medical and surgical emergencies, admitting some 700

patients and assisting 150 deliveries each month. Teams also provided chronic illness care at the Centre de Santé de Référence and mobile clinics that offered basic care, vaccinations, and malnutrition screening—although insecurity hampered mobility.

In the south, MSF treated 37,400 children for malaria and provided severe acute malnutrition care in Koutiala, Sikasso region. Staff also supported the Koutiala health center's pediatric unit and basic health care in five district health areas. An SMC program reached nearly 184,000 children.

When Ebola was confirmed in October, MSF dispatched emergency teams to Kayes and Bamako to set up EMCs and train health staff, helping the MoH treat and contain the disease before it spread widely.

MAURITANIA \$2,400,000

MSF provided basic and emergency care, along with OB-GYN services, for Malian refugees in Mbera camp and host communities in Bassiknou and Fassala, where free care had not previously been available. Staff carried out 158,694 medical consultations in all, 23 percent of which were for children under the age of five, along with Caesarean sections and visceral and orthopedic surgery.

MOZAMBIQUE \$1,200,000

HIV/AIDS is the leading cause of adult death in Mozambique, which also has the world's fifth-highest rate of HIV-TB coinfection. MSF supports the MoH to ensure access to comprehensive HIV/AIDS and TB care in Kampfumo and Nihamankulo health districts. In the coming years, teams will aim to provide specialized care and further assist patients who fail first-line ARV treatment and those co-infected with opportunistic infections such as multidrug-resistant TB (MDR-TB) and Kaposi's sarcoma. In Primeiro de Maio health center, MSF focuses primarily on adolescents and supports urban community ARV groups.

Viral load testing was rolled out in Maputo city and Changara District, and teams worked with community ARV groups that involved 10,000 people in Tete Province. A separate project provided HIV screening and care for sex workers, truck drivers, and other transient populations in Tete and Beira.

NIGER \$8,190,209

MSF improved and expanded programs to reduce child suffering and deaths in Niger, where the annual "hunger gap" leads to malnutrition, leaving children vulnerable to malaria. Working with the MoH and local NGOs (FORANI, Befem/Alima), staff helped reduce under-five mortality in several regions. MSF also supported inpatient and outpatient

centers in Maradi, Tahoua, and Zinder regions, and an SMC campaign reached 447,500 people in Sahel region.

Teams in Zinder provided medical and nutritional care for children in Magaria Hospital's pediatric unit, seven health centers, and 21 health posts. More than 65,000 children were targeted for supplementary food distributions.

In Madarounfa, MSF runs two outpatient and one inpatient feeding center, and supervises four outpatient facilities. MSF also supported Madarounfa Hospital's pediatric unit and 11 health centers during peak malaria season. MSF treated more than 125,800 children—most for malaria and malnutrition—at five health centers in Guidan Roumdji. An SMC campaign reached more than 67,000 children.

In Madaoua District, staff supported six health centers that admitted more than 4,800 children with acute malnutrition and provided outpatient care for more than 13,660. Psychosocial activities are also being implemented. And in Bouza, MSF provides pediatric and nutritional care for children under five and children with HIV and TB. SMC campaigns in Madaoua and Bouza reached 237,000 children.

MSF supported people driven from neighboring countries by Boko Haram in health centers in N'Garwa and Gueskerou and responded to a cholera outbreak among refugees and the host population in Diffa.

NIGERIA \$5,178,323

Amid political instability, rampant Boko Haram attacks, and Nigerian army operations in northern Nigeria, some 400,000 internally displaced people settled in and around Maiduguri, Borno State. MSF carried out 10,000 consultations, provided antenatal care, and established a health surveillance system in two of the largest camps. When cholera hit in September, MSF set up a 120-bed cholera treatment center and cared for 6,833 patients.

At Jigawa State's Jahun Hospital, MSF supported emergency obstetrics, admitting 7,980 women and assisting more than 5,700 births. Staff also supported fistula treatment in Jahun, providing reparative surgery, with psychological support, for 264 women.

In Sokoto's Noma Children Hospital, MSF supported children suffering from noma, a disfiguring gangrene infection, carrying out psychosocial counseling sessions and admitting 50 children for treatment. Other teams treated children with lead poisoning in eight villages in Zamfara State, while also treating more than 3,560 children for malaria and screening for other diseases. And MSF's emergency response unit treated 6,066 people for cholera in Sokoto, Aliero, and Zamfara States, and 330 for meningitis in Aliero.

In October, MSF provided Ebola-related technical support and training in Lagos and Port Harcourt.

SIERRA LEONE \$5,808,380

Ebola exploited gaps in the public health system and a slow international response to wreak havoc and destroy lives throughout Sierra Leone. MSF was operating an emergency maternity hospital and midwifery clinic near Bo when it was asked to intervene by the MoH, and eventually had to suspend the maternity project due to the huge strain on other resources.

After the call from the MoH, teams opened an EMC outside Kailahun and launched outreach, health promotion, psychosocial, training, and disease surveillance activities. In October, MSF constructed a maternity unit offering specialized care to pregnant Ebola patients.

In September, MSF opened an EMC outside Bo that grew to 104 beds; ran outreach, health promotion, and surveillance activities; and trained local health staff. Another project trained six other organizations to run EMCs.

In December, health facilities in Freetown, the capital, became overwhelmed. MSF opened an EMC in Prince of Wales secondary school with 70 beds, 30 rooms for suspected cases, and an intensive care ward. MSF also conducted outreach, health promotion, surveillance, and training in nine Freetown sub-districts.

MSF opened a fourth EMC in Tonkolili District in December and established a rapid response team in Magburaka. And to address widespread vulnerabilities to malaria, MSF trained some 6,000 volunteers to carry out a four-day distribution of antimalarial treatments that reached some 1.5 million people in the Freetown area. Another distribution was carried out in January 2015.

SOUTH AFRICA \$3,600,000

MSF provided testing and treatment for HIV and TB, including DR-TB, in Cape Town's Khayelitsha township, where some 1,000 people per month learn that they are HIV-positive and rates of HIV and TB co-infection have reached 70 percent. Adherence clubs are a key element in MSF's HIV program: instead of monthly one-to-one appointments at the health center, club members attend bi-monthly meetings where they receive a check-up and drug refills, and can ask questions and offer each other mutual support. In 2014 MSF also began a pilot project providing diagnosis and treatment for newborns.

An MSF-initiated pilot project at two community "wellness hubs" offered family planning and testing for pregnancy and STIs, significantly improving access to HIV screening for young women. More than 15,000

patients attended the wellness hubs before the facilities were handed over to the Western Cape Department of Health. MSF also supported two human papillomavirus vaccination campaigns in Khayelitsha, vaccinating more than 3,800 girls.

MSF continued an HIV-TB program covering KwaZulu-Natal's Mbongolwane Health Service Area and Eshowe Municipality. In 2014, more than 50,000 people underwent HIV testing, and three times as many viral load tests were carried out than in 2013. MSF also focused on prevention activities—a million condoms were distributed and more than 3,000 men underwent voluntary circumcision, which is shown to decrease the risk of HIV transmission.

Drug stock outs create major bottlenecks in South Africa's HIV-TB programs. In 2013, MSF and several partners launched the Stop Stock Outs project, asking health care workers and patients to anonymously gather reports on stock levels in the facilities where they work or receive care, map reported cases, and track specific issues in order to understand the causes of stock outs.

SOUTH SUDAN \$32,472,441

In 2014, MSF-USA committed more funds to South Sudan than any other country. Teams ran 20 programs in nine states, maintaining essential pre-existing projects and responding to conflict-related emergency medical needs.

Ongoing fighting has displaced more than 1.5 million people. MSF provided emergency care at designated Protection of Civilians [PoC] sites and UN compounds. Hospitals were looted and burned down, too, in some places, denying hundreds of thousands of people access to desperately needed care. In Leer, for example, attacks halted outpatient and inpatient care for children and adults, surgery, maternity services, and treatment for HIV and TB. In Malakal, patients were killed inside the town's teaching hospital, and in Bentiu, people were killed on hospital grounds.

In Jonglei State, teams offered a range of services in Bor, Pibor, Gumuruk, Lekwongole, and Old Fangak as security allowed, and provided emergency surgery in Lankien. In Upper Nile State, teams at Nasir Hospital and in Malakal provided thousands of monthly consultations until insecurity curtailed efforts. And in Lakes State, MSF offered basic and specialist care, including vaccinations, in Awerial's Minkaman camp, carrying out some 52,000 consultations.

SOUTH SUDAN

Staff and patients in the emergency room of MSF's inpatient department at the Minkaman camp for people displaced by fighting. ©David Di Lorenzo/MSF

In Pamat, Northern Bahr El Ghazal State, MSF offered basic and specialist care to the displaced, while staff at Aweil Civil Hospital provided pediatric care, maternity services, and emergency obstetric care. MSF treated more than 30,000 people for malaria as well.

In Western Equatoria State, staff at Yambio State Hospital provided pediatric and ante-natal care, surgery, and HIV treatment. And in Agok, MSF offered inpatient care, emergency surgery, maternity services, and therapeutic feeding at the region's only hospital with specialist services.

Teams also provided comprehensive medical services for some 70,000 Sudanese refugees at Yida camp, where they undertook the first ever pneumococcal vaccination campaign in a refugee setting, reaching 10,000 children under the age of two. And in May, MSF opened five cholera treatment centers in Juba during an outbreak.

SUDAN \$2,909,320

Amid restrictions and ongoing fighting, MSF responded to emergency health needs in Darfur, South Kordofan State—where one of its hospitals was bombed—and Blue Nile State.

In Tawila, North Darfur, an MSF project offering outpatient and inpatient care focused on mothers and children carried out more than 34,900 outpatient consultations and 5,400 antenatal consultations, while treating 1,300 children for malnutrition. Another MSF team worked in four health centers in

Dar Zaghawa, conducting more than 46,800 consultations and offering postnatal care at three health posts.

Staff in El Sireaf aided the displaced, providing water and sanitation and medical care, including surgery; conducting some 17,700 outpatient consultations; and treating 1,100 for malaria. Others joined the North Darfur MoH on the North Darfur Emergency Response program to respond to hepatitis E in Um Kadada, screen for malnutrition in Shangil Tobaya, and distribute relief items in Tawisha, Usban, and El Fasher.

Following an influx of new arrivals at El Sereif displacement camp in Nyala, South Darfur, MSF improved the water supply and treated residents sickened by poor living conditions. And in West Darfur, teams supported four health centers in Kerenek and provided Ebola training to local health workers.

MSF's health clinic in White Nile State conducted around 4,300 monthly consultations for South Sudanese refugees. Staff also offered kala azar training in Sennar State and treated 400 kala azar patients in Tabarak

Allah Hospital, Al Gedaref State. Teams also supported TB diagnosis and treatment in the Jebel Awila slum on Khartoum's outskirts.

SWAZILAND \$2,300,000

MSF continued to focus on people co-infected with HIV and TB in Swaziland, as well as the simplification and decentralization of HIV care. In Shiselweni, teams supported integrated HIV-TB care through projects in Nhlanguano, Hlatikulu, and Matsanjeni. Staff trained local workers and community members with HIV, and helped expand diagnosis and treatment of HIV and TB with door-to-door testing, routine viral load monitoring, and other initiatives. Patients can access treatment and psychosocial support through 22 health clinics and three specialized facilities.

The first phase of "Treatment as Prevention" for pregnant women was implemented nationally after proving effective in a pilot project. The second phase, "Early Access to ARVs for All," launched in October, providing all HIV-positive patients with ARVs whatever their clinical or immunological status.

In the Manzini region, MSF offered testing and treatment for migrant workers and residents of Matsapha at a family health clinic that provides basic health care, maternity care, immunizations, family planning, and medical and psychosocial treatment for victims of sexual violence. Staff also provides comprehensive care for HIV-TB co-infected people at Mankayane Hospital and community clinics.

MSF began a trial gauging the effectiveness of a nine-month treatment regimen for MDR-TB in Matsapha and Mankayane.



UGANDA \$3,513,977

With upwards of 128,000 South Sudanese refugees crossing into Uganda, MSF ran outpatient and inpatient departments, maternity wards, and an intensive therapeutic feeding center at the Numanzi Transit Center and in four camps in Adjumani District. Staff also provided malnutrition screening and water and sanitation activities. When arrivals slowed, MSF focused on Ayilo 1 and Ayilo 2 camps in the south, carrying out more than 124,000 consultations and admitting more than 4,000.

MSF conducted three rounds of vaccination against pneumococcal disease and Haemophilus influenzae type B, the main causes of respiratory infections in children. More than 2,700 children under two were fully immunized against pneumococcus in the first pneumococcal conjugate vaccination campaign ever run in Uganda, and one of the first in a refugee setting.

Meanwhile, MSF handed over its HIV/TB program in Arua, where staff had provided clinical care, laboratory management, TB and DR-TB testing, and ARV provision for more than a decade. MSF also handed over its MDR-TB management center. Teams continued to work on improving access to viral load testing with the UNITAID-funded Treatment Success Project.

When Marburg hemorrhagic fever was confirmed in Kampala, MSF joined the MoH and the Centers for Disease Control and Prevention to respond. MSF set up five transit centers and one EMC within Kampala hospitals. No further cases were reported.

ZIMBABWE \$1,260,000

In Zimbabwe, MSF works on HIV and TB care, which is limited at the national level, particularly for children. In Epworth, Harare, MSF focuses on pediatric and adolescent HIV and TB, and patients not responding to standard HIV or TB treatment. More than 2,660 patients under 20 were tested for HIV; more than 200 started treatment.

In Buhera, Gutu, and Chikomba, teams focused on training and mentoring, providing technical and material support to local health centers to implement new WHO guidelines, increase viral load monitoring, and decentralize testing and ARV provision. MSF also supported viral load testing at the central hospital in Harare and helped decentralize care in Nyanga District.

Staff provided mental health care to inmates at Harare's Chikurubi maximum security prison and trained prison staff. Another program offered free medical care, counseling, and referrals for psychological and legal support for survivors of sexual violence.

After three years of providing care for HIV, TB, and sexual violence in Gokwe North, MSF handed its project over to the MoH. Other projects for children with HIV and complicated cases of HIV and TB were also handed over.

AMERICAS**BOLIVIA \$270,000**

Over the years, MSF has run several programs to treat Chagas disease, a parasitic disease that affects up to one million people in Bolivia and can be debilitating, even deadly, if not diagnosed, which very few people are. The MoH now manages the program MSF had in Narciso Campero Province, but MSF works with the MoH in Monteagudo Municipality, Hernando Siles Province, on prevention and treatment models for the basic health care system. MSF also worked with the MoH and Johns Hopkins University to prepare the launch of EMOCHA, an e-mobile surveillance application that directs vector control teams to sites infested with the *vinchuca* bugs that spread the disease.

COLOMBIA \$4,218,800

In Colombia, where poverty, social exclusion, violence, and limited access to care nurture preventable diseases and mental health issues, MSF teams in Cauca, Nariño, and Caquetá ran mobile clinics and offered basic care, mental health support, and maternity



care at health posts. Similar services were provided in Cauca Pacífico, while a program in Cauca Cordillera focused on mental health support for victims of violence, including sexual violence.

Programs in Tumaco Municipality in Nariño and in Buenaventura offered mental health services to victims of violence and comprehensive care to victims of sexual violence. MSF also lobbied the government to recognize sexual violence as a medical emergency.

MSF closed its Buenaventura TB program, having treated 147 patients for TB and DR-TB since 2010, but continued to support the national TB strategy.

HAITI \$15,271,326

With the health system only partially reconstituted five years after Haiti's massive earthquake, MSF continued to fill gaps, some of which predated 2010.

In Port-au-Prince, teams ran the country's only dedicated burn unit at Drouillard Hospital near Cité Soleil, which has three operating theaters and 35 beds for admissions; 481 patients were hospitalized in 2014. At the Martissant emergency and stabilization program, MSF provided pediatric care and internal medicine, treating more than 38,000 patients for trauma and more than 3,700 for cholera.

At the 121-bed Nap Kenbe Center in Tabarre, MSF provided surgery, trauma care, physiotherapy, and mental health support for nearly 10,000 emergency cases in three operating theaters—4,200 surgeries were performed—an intensive care unit, and an outpatient department.

MSF's 140-bed Centre de Référence en Urgence Obstétricale in Delmas 33 offered free obstetric care to pregnant women experiencing serious complications, ante- and postnatal care, family planning, prevention of mother-to-child transmission (PMTCT) of HIV, neonatal care, and mental health support. There is also a 10-bed ward for pregnant women with cholera. Overall, 10,400 people were admitted and 17 babies were born each day.

Chatuley Hospital in Léogane offered basic care for pregnant women and children and tended to emergencies, mainly complications in pregnancy and road accidents. Teams admitted 6,782 patients, carried out 2,617 consultations for children under five, provided 6,162 antenatal consultations, and assisted 3,298 births.

When cholera spiked in October, MSF set up treatment centers in Martissant, Delmas,

and Carrefour, and focused on preventive measures, including distribution of disinfection kits and education activities.

HONDURAS \$300,000

MSF teams in the capital, Tegucigalpa, provided emergency medical and psychological care to victims of violence, particularly sexual violence, at two health centers and the main hospital. Health promotion teams ran sensitization and outreach activities. All told, MSF treated 700 victims of violence, including 560 victims of sexual violence—who were provided post-exposure prophylaxis to prevent infection with HIV or other STIs—and carried out 1,770 mental health consultations.

MEXICO \$2,435,420

MSF provided migrants from and passing through Mexico, many who had experienced violence or illness on their journey, with basic and mental health care, referrals, and follow-up care. Teams carried out more than 10,000 medical consultations and 1,000 mental health consultations in Ixtepec, Apaxco, Lechería, Huehuetoca, Bojay, and Tierra Blanca. MSF also offered mental health support to people subjected to extreme violence in Colonia Jardín, Acapulco, the city with Mexico's highest homicide rate.

In Tamaulipas State, convulsed by drug-related violence for years, MSF worked with health authorities to improve emergency care at Nuevo Laredo's general hospital by implementing 24-hour triage, expanding the emergency room, training staff, and donating equipment and drugs. Teams later replicated the project in Reynosa, Rio Bravo, and Valle Hermoso, and introduced mental health and sexual violence care in Nuevo Laredo and Reynosa.

MSF and health authorities implemented a comprehensive Chagas response in Oaxaca State's San Pedro de Pochutla municipality, offering education, guidance on prevention (and 3,145 rapid diagnostic tests), and treatment in five health centers. And staff offered psychosocial support to 400 relatives and classmates of 43 students who went missing in Guerrero State in September.

ASIA

AFGHANISTAN \$8,057,012

In a country where medical care remains severely limited despite a decade of foreign aid and investment, MSF opened a 46-bed maternity department in west Kabul's Dasht-e-Barchi District Hospital, providing free care for pregnant women with complications and

seriously ill newborns. In the first month, staff assisted 627 deliveries, including 33 Caesarean sections.

In east Kabul, MSF upgraded care at Ahmad Shah Baba Hospital, increasing bed capacity, training staff, and providing high-quality medical care, with a particular focus on emergency and maternity services. Staff assisted 14,968 deliveries, performed 949 surgeries, and carried out 10,094 antenatal consultations.

In Kunduz, teams ran the north's only trauma center, offering free surgical care to people wounded by war and traffic accidents, expanding the intensive care unit, treating 22,193 people, and performing 5,962 surgeries. At MSF's maternity hospital in Khost, which focuses on complicated deliveries and preventing maternal deaths, staff assisted with 15,204 deliveries, or one of every three children born in Khost Province in 2014. And teams at the 285-bed Boost Hospital, in Lashkar Gah, Helmand Province, offered surgical care; emergency services; and maternal, pediatric, and intensive care, admitting 2,480, performing 300 surgeries, delivering 9,207 babies, and treating 2,200 severely malnourished children.

Lastly, MSF assisted refugees fleeing fighting in North Waziristan, Pakistan, offering medical care and water and sanitation services in Gulan camp, near Khost, and treating an average 100 patients per day for two months.

BANGLADESH \$100,000

MSF provided essential care to vulnerable groups in Bangladesh: undocumented refugees, young women, and people in remote areas and slums. In Kutupalong Camp in Cox's Bazar, where MSF provides comprehensive care and TB treatment to undocumented Rohingya refugees who fled violence and persecution in Myanmar and the host community, teams carried out some 80,000 outpatient and 1,200 inpatient consultations, as well as more than 3,000 mental health consultations.

In the slums of Kamrangirchar and Hazaribagh, teams conducted more than 4,450 consultations at factories and tanneries, where conditions are often hazardous. Staff also conducted 7,700 consultations for girls, assisted 460 births, and cared for 670 victims of sexual and domestic violence.

Additionally, MSF administered more than 3,560 measles and 3,050 polio vaccines. And staff supported the MoH's malaria response in the remote Chittagong Hill Tracts, traveling in boats and by foot through forests to deliver care.

HAITI

A nurse delivers care to a patient at Nap Kenbe surgical center in Tabarre, Port-au-Prince.

©Diana Zeyneb Alhindawi

CAMBODIA \$885,579

In Cambodia, where malaria patients have shown resistance to artemisinin-based medicines, MSF undertook a baseline survey of drug-resistant malaria in 23 villages in Preah Vihear Province—while also running case detection and awareness-building activities—with an eye towards developing protocols to eliminate this strain in 2015. Another MSF program provided comprehensive TB care in Kampong Cham, prioritizing early detection and testing in high-risk population groups.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA \$150,000

In June 2014, MSF completed a project in Anju District, South Pyongan Province, aimed at increasing the capacity of medical services for the local population, primarily through staff training and donations of drugs and supplies. MSF's approach focused on mother and child health care, including training local staff on management of diarrhea, respiratory and neurological diseases, childhood malnutrition, and lifesaving obstetric procedures. MSF visited the local hospital to examine patients, assess implementation of training modules, and supply medical equipment and drugs related to training topics, along with food for patients, caregivers, and staff. MSF provided direct care for 250 patients and indirect support for 3,000 people.

In October MSF visited the county hospital in Sukchon, South Pyongan, and Kim Man Yu Hospital in Pyongyang, and at year-end negotiated to launch further programs.

INDIA \$1,910,000

With India's under-resourced health care system excluding many, MSF focused on neglected crises such as child malnutrition, providing weekly outpatient treatment, for example, to more than 3,500 severely malnourished children through 12 primary health centers in Bihar State's Darbhanga District. Teams ran Darbhanga Medical College Hospital's intensive care unit as well, treating young malnourished children and admitting more than 250 patients.

MSF's kala azar teams in Bihar's Vaishali District saw more than 1,000 patients and helped convince the government to adopt single-dose liposomal amphotericin B for first-line treatment. Other teams ran mobile clinics that conducted more than 63,200 consultations in southern Chhattisgarh, Andhra Pradesh, and Telangana, regions affected by ongoing government-Maoist conflict. MSF's health center in Chhattisgarh's Bijapur District focused on mother-and-child health, providing obstetric, neonatal, and pediatric care.

An MSF clinic in Mumbai provided specialized care to patients with or co-infected with DR-TB, HIV, and hepatitis B or C. Teams also

offered HIV and TB diagnosis and treatment in Manipur's Churanchandpur and Chandel Districts.

MSF maintained mental health programs in Kashmir, conducting counseling and outreach in Srinagar, Baramulla, Pattan, and Sopore. When floods shuttered MSF's clinics for a month, new ones were opened in Pulwama, Kakapora, and Bandipora, and teams distributed water, food, blankets, and hygiene kits. Additionally, MSF trained community health workers to detect and treat simple malaria and refer complicated cases in Tripura State, which recorded more than 50,000 cases in four months. And MSF helped upgrade and train staff at Mon District Hospital in Nagaland State.

MYANMAR \$785,000

MSF's project in Rakhine State, suspended by authorities for most of 2014, resumed by year's end to provide essential care to highly vulnerable communities enduring a man-made medical humanitarian crisis. Prior to the suspension, MSF provided care in 24 camps for displaced people and in isolated villages. After re-opening, MSF first could only provide staff to MoH facilities in Rakhine and



supply MoH Rapid Response Teams. Following the official resumption of activities, teams carried out more than 3,400 consultations in a month. Not all project activities have restarted, however.

Meanwhile, MSF continued to provide HIV/AIDS and TB care, supplying ARVs to more than half of the 70,000 people on treatment and tending to patients co-infected with TB and HIV in Shan and Kachin States, Yangon, and Dawei in Tanintharyi Region. MSF also renovated its clinic in Insein Township, the country's largest HIV/AIDS and TB clinic, treating some 10,000 HIV/TB patients.

MSF started supporting three HIV testing and counseling centers in Dawei, focusing on groups such as sex workers and migrant workers, and providing patients with cytomegalovirus retinitis, an infection that causes blindness, with valganciclovir, the first time MSF was able to use the drug. MSF also ran mobile clinics when fighting resumed in Shan and Kachin States.

PAKISTAN \$9,422,598

Navigating bureaucracy and insecurity, MSF teams in Pakistan focused on mother-and-child health and care for neglected and displaced communities. In Balochistan, teams in Quetta and Kuchlak provided basic services and nutritional support to severely underweight infants, young children, pregnant women, and new mothers, conducting almost 60,000 consultations and assisting 3,598 births. At Chaman District Hospital, staff supported basic and specialized mother-and-child care, nutritional programs, and trauma care, carrying out nearly 7,000 outpatient consultations and assisting 4,048 births.

At District Headquarters Hospital in eastern Balochistan's Dera Murad Jamali District, MSF worked with the MoH on malnutrition and specialist care for newborns, infants, and children. Nutritional support was provided to 8,800 people across Jaffarabad and Nasirabad Districts.

MSF also provided care to displaced and vulnerable communities in Bajaur Agency, while other teams supported health centers in Talai and Bilot with outpatient and antenatal services, screening for malnutrition, and vaccinations. At Nawagai Civil Hospital, MSF provides outpatient, emergency, and mother-and-child care.

In Kurram Agency, MSF ran a pediatric outpatient department that offered therapeutic feeding for children inside Tehsil Headquarters Hospital in Sadda, a Sunni enclave, and in Alizai,

a Shia community. In Peshawar, MSF's 35-bed maternity hospital admitted 3,700 patients and assisted 3,268 deliveries. Teams at Hangu Hospital ran the emergency room, operating theater, and surgical wards. And in Timurgara, Lower Dir, staff at the District Headquarters Hospital assisted almost 115,000 patients in the emergency room, 27,576 in the resuscitation room, and 7,369 deliveries.

In Karachi, MSF provided basic and emergency care, including outpatient consultations, triage, delivery service, referrals, and mental health consultations.

PAPUA NEW GUINEA \$1,507,500

MSF opened a TB project in Gulf Province and started supporting Kerema General Hospital with TB detection by renovating parts of the hospital, setting up a dedicated consultation room, and diagnosing and treating 290. Teams also offered diagnosis and treatment to people in remote areas. And MSF worked with technology company Matternet to successfully test unmanned aerial vehicles to transport sputum samples and results between distant health centers.

MSF also worked with health authorities to provide confidential, integrated care for survivors of domestic and sexual violence. Staff ran awareness sessions at the Port Moresby Regional Treatment and Training project for some 50,000 people and treated 900 outpatients. In Tari, Southern Highlands Province, teams performed 1,190 surgical interventions and provided medical and psychosocial care.

When flash floods and landslides hit the Solomon Islands, MSF mobile clinics carried out 1,443 medical consultations and offered mental health sessions, psychological first aid training, and disease monitoring.

PHILIPPINES \$1,335,000

Where needed, MSF supported communities affected by Typhoon Haiyan with response and recovery activities. On Leyte Island, MSF closed its 25-bed tent hospital in Tanauan and its 60-bed inflatable hospital in Tacloban when local services could meet medical needs. The facilities provided more than 45,600 consultations and facilitated more than 6,000 surgical procedures. Mental health programs in Tacloban, Palo, and Tanauan counseled some 7,400 patients.

In Palo, MSF supported the maternity ward and surgical team at Leyte Provincial Hospital, renovating wards, ensuring adequate supplies, and supporting surgery, maternity, and neonatology. Teams also helped rehabilitate Abuyog Hospital on Leyte, and Albino Duran Hospital and General MacArthur Hospital in Eastern Samar.

In Guiuan, Samar island, MSF treated around 80 patients per day in a tent hospital

until a permanent hospital was completed, then facilitated movement of patients into the new structure, providing equipment, drugs, and medical supplies.

CAUCASUS/ CENTRAL ASIA

ARMENIA \$1,442,713

MSF has worked in Armenia since 2005 to bolster capacity for DR-TB diagnosis and treatment. Teams have treated patients, guiding them through the arduous regimen, offering home-based care and counseling when needed, and implementing infection control measures. Staff also provided a new TB drug, bedaquiline, to 46 patients with MDR-TB and XDR-TB, overseeing day-to-day and follow-up care.

GEORGIA \$1,028,491

MSF handed over MDR-TB activities in Abkhazia in August but continued to treat XDR-TB patients in the capital, Tbilisi. TB has declined in Georgia over the past 20 years, but several hundred MDR-TB cases are still diagnosed each year. MSF supported Tbilisi's National Center for Tuberculosis and Lung Diseases, training staff on XDR-TB detection and clinical care and facilitating access to new TB drugs [bedaquiline, delamanid] when appropriate. Teams started 18 XDR-TB patients on bedaquiline and should start clinical trials for new treatments in 2016.

KYRGYZSTAN \$800,000

Given the prevalence of MDR-TB in Kyrgyzstan, MSF runs DR-TB programs around the country. In Kara-Suu District, Osh Province, MSF provides outpatient care, encourages adherence, and gathers evidence to support a more decentralized approach. MSF diagnosed and treated patients in Kara-Suu Hospital as well, while also providing psychological care to patients and supporting the pharmacy, laboratory, and waste and water control. In Bishkek, MSF treated 3,000-plus prisoners for TB since 2006 before handing over the project to the International Committee of the Red Cross.

RUSSIAN FEDERATION \$2,458,506

In Grozny, Chechnya, MSF continued to improve patient services at the cardio and resuscitation unit of the Republican Emergency Hospital, donating medicines and medical

PHILIPPINES

An MSF anesthesiologist checks on a patient at Deltawood Hospital. ©Nacho Hernandez

equipment and training staff on coronarography and angioplasty. MSF also began training ambulance staff, who administer first aid.

DR-TB is also an issue in Chechnya, and XDR-TB is on the rise. In MoH facilities, MSF ran a comprehensive program, including diagnosis, treatment, and counseling for TB and MDR-TB, in addition to procuring appropriate medicines to provide treatment for people with XDR-TB. The program also includes laboratory support, health promotion, and psychosocial assistance. MSF also provides mental health care in Grozny and other districts still affected by violent clashes.

In August, MSF initiated a project in Moscow that provided over 700 outpatient consultations for migrants, along with referrals for specialized care.

UKRAINE \$1,800,000

As violent clashes displaced hundreds of thousands and wounded 10,000 more in Ukraine, MSF provided medicines and supplies to health facilities in Kiev and in the east. Local doctors managed the wounded but struggled to get supplies, so MSF donated enough medicines and materials to treat 13,000 wounded patients to hospitals in Donetsk and Luhansk, across the frontline.

When shelling intensified and some hospitals were damaged, further limiting access to care, MSF expanded its support to include chronic disease care. MSF teams also distributed more than 2,600 hygiene kits in Donetsk and 15,000 blankets to hospitals and people around Donetsk and Luhansk ahead of winter.

MSF also offered training to Ukrainian psychologists on conflict-related mental health care, and MSF psychologists provided counseling in several cities in the east.

MSF kept its DR-TB program in the Donetsk penitentiary system running. When shelling prevented access to the prisons, staff delivered the necessary drugs to a safe location to be picked up by prison staff.

UZBEKISTAN \$1,110,000

In the Autonomous Republic of Karakalpakstan, MSF's TB program, which had 2,000 patients enrolled for first-line treatment and 607 for DR-TB care, provided adherence and psychosocial support. Where possible, MSF offered outpatient treatment and experimented with a nine-month (rather than two-year) MDR-TB regimen, monitoring results closely.

Amidst a burgeoning HIV epidemic in Tashkent, teams initiated 671 people on ARVs at the City AIDS Center and provided counseling.

MIDDLE EAST

EGYPT \$600,000

In Egypt, a prominent way station for migrants traveling from the south and east towards Europe—often experiencing violence and sexual violence on the way—MSF provided psychological support and medical assistance at clinics in Cairo's Maadi District and Nasir City, carrying out 11,030 consultations. A team also assisted 1,690 individuals on the northern coast with medical care and hygiene kits.

MSF also collaborated with the MoH on hepatitis C, which infects an estimated 14 percent of the population, the highest prevalence in the world, aiming to develop a decentralized model of care. And the Abu Elian mother-and-child health clinic was closed in June, after others took up the work. About 40,000 consultations had been provided since 2012.

IRAQ \$4,685,518

War in Iraq killed thousands, drove nearly two million from their homes, and severed access to medical care in swathes of the country. MSF launched emergency interventions for people besieged and displaced by IS fighters around Mosul, Sinjar, Tikrit, and Ramadi; worked with Syrian refugees; and tried to assist underserved communities.

In June, teams opened four mobile clinics in Dohuk Governorate, providing basic medical care, relief items, and water and sanitation services. Other teams ran mobile clinics in five locations in and around Kirkuk, providing basic, chronic disease, maternal, and pediatric care. Additional mobile clinics reached displaced people between Mosul and Erbil, and MSF set up a health clinic at the Bharka Camp as well.

MSF offered basic health care and mobile clinics for huge numbers of displaced in Diyala Governorate, but some attempts to do likewise elsewhere were thwarted. In June, MSF's clinic in Tikrit was destroyed by an explosion; IS later took control of the city and MSF has not been able to return. Fighting also damaged MSF's offices in Hawijah General Hospital, where teams had been providing emergency care. And staff evacuated from hospitals in Sinjar and Heet when IS forces swept in.

MSF was the main provider of health care in the Darashakran and Kawargosk camps for Syrian refugees in northern Iraq, carrying out more than 64,000 consultations before handing over activities to International Medical Corps. MSF remains the main health care provider in Domiz camp, home to 60,000 Syrian refugees, providing sexual and repro-

ductive health care, chronic disease care, and mental health support.

MSF continued to provide reconstructive surgery, physiotherapy, and psychosocial support to Iraqi victims of violence who need specialized surgical care at its project in Amman, Jordan, which opened in 2006. More than 150 Iraqis were referred in 2014.

JORDAN \$9,924,131

With the number of Syrian refugees in Jordan topping 600,000, MSF expanded services. At MSF's maternity hospital in Irbid, which provides free health care, ante- and postnatal services, and emergency obstetric and neonatal care, teams assisted more than 2,000 births and conducted nearly 14,000 pediatric outpatient consultations. Staff at the mental health program for children launched in October carried out 351 consultations, and another new project offered chronic disease care for Syrian refugees and underprivileged Jordanians at a government clinic.

Meanwhile, MSF's emergency surgery and trauma project in Ramtha, three miles from the Syrian border, conducted more than 1,340 major surgical interventions and offered general inpatient care, physical therapy, and mental health consultations.

In March, MSF opened a 40-bed post-operative care facility in Zaatari refugee camp for war-wounded patients transferred from Al Ramtha and other hospitals, admitting 460 patients and offering mental health support and physical therapy.

MSF's reconstructive surgery program in Amman continued to offer critical orthopedic, maxillofacial, and plastic reconstructive surgical and post-operative care to patients—many of them children—from Syria, Iraq, and Yemen. The team performed 1,369 surgical procedures in 2014—45 percent were Syrians—and the outpatient department provided post-surgical care to Syrians first operated on elsewhere. Mental health professionals ran some 8,000 counseling sessions.

LEBANON \$800,000

Since 2011, conflict has driven some 1.2 million Syrians, Palestinian refugees living in Syria, and Lebanese expatriates into Lebanon, a country of just four million. Many live in dire conditions without access to the health care they need.

MSF teams in the Bekaa Valley carried out 113,000 consultations, providing basic and

AFGHANISTAN

Women and their children wait in front of the ER at MSF-supported Boost Hospital, in Lashkar Gah, Helmand. ©Paula Bronstein

reproductive health care, chronic disease care, and counseling to Syrian refugees and local populations.

In Beirut's Shatila Camp, MSF provided basic health care for children, chronic disease care, referrals, and mental health support.

In Tripoli's Dar al Zahraa Hospital, MSF provided medical services, reproductive health care, counseling, and routine vaccinations for vulnerable Lebanese residents and Syrian refugees. Similar programs were launched in Abdie, and MSF also offered reproductive health care, counseling, and care for acute diseases in Jabal Mohsen and Bab el Tabbaneh dispensaries.

In southern Lebanon, staff offered basic health care to refugees, supporting three health centers and specialist referrals. MSF also provided health care and some 4,800 mental health consultations in the Ein-el-Hilweh camp for Palestinian refugees, Syrian refugees, and vulnerable residents.

OCCUPIED PALESTINIAN TERRITORIES \$2,130,000

Amid increasing violence across the Occupied Palestinian Territories, punctuated by a brutal 50-day war in Gaza, MSF doubled capacity to meet medical and psychological needs, as access to care remained limited.

In the West Bank, MSF ran mental health programs in Hebron, Nablus, and Qalqilya Governorates, as well as in East Jerusalem, supporting more than 5,500 adults and children who have experienced or witnessed violence carried out primarily by Israeli soldiers and settlers, but also by Palestinian security forces or other Palestinians, including family members.

In Gaza, a territory roughly the same square mileage as Philadelphia, demand for reconstructive surgery spiked with the July-August war that killed some 2,286 Palestinians (a quarter of them children), wounded more than 11,000, and displaced more than 500,000. MSF, which already offered surgical and post-operative care in different locations, established a permanent surgical team that carried out more than 320 surgeries. Teams also ran clinics in Gaza City and in an inflatable tent at Nasser Hospital, providing general post-operative care, 12,700 wound dressings, and 11,800 physiotherapy sessions.

A mental health program previously suspended by local authorities resumed in October, and MSF made plans to launch a dedicated pediatric mental health program.

SYRIA \$3,310,088

MSF's programs in Syria, while significant, fall far short of addressing the massive needs due to prevailing insecurity in many regions that make it impossible to manage programs. More than 200,000 have been killed, half the population has been displaced, and thousands of medical professionals have been killed, kidnapped, or displaced.

In January, IS gunmen abducted 13 MSF staff. While eight Syrian colleagues were released hours later, five international staff members were held for up to five months. MSF had to withdraw international teams and close a field hospital in Jabal Al-Akrad, in Idlib Governorate, and two nearby health centers.

MSF was able to keep open a different 15-bed hospital in Idlib, where teams treated some 5,800 patients in the emergency room, treated 1,800 burn victims, and performed more than 3,800 surgical interventions. MSF also vaccinated more than 11,000 children from displaced families against measles and provided routine vaccines for children younger than three.

MSF ran three health facilities in Aleppo Governorate, the site of intense fighting. One has 28 beds and offers emergency, maternity,



and outpatient care, along with vaccinations, stabilization, orthopedic services, and chronic disease care. A second was closed in August for security reasons. It had provided health care for adults and children, including surgery, burn care, maternity services, and ante- and postnatal care. MSF's other Aleppo-area hospital carried out some 22,000 outpatient consultations, more than 12,300 emergency room consultations, and 500-plus surgical interventions, while also offering vaccinations, antenatal care, and mental health support. MSF also donated drugs and medical supplies to 10 area field hospitals, nine first-aid points, and three health centers.

In Ar-Raqqa, where health centers struggle to maintain supplies and staff, MSF ran a clinic and supported a pediatric ward in Tal Abyad Referral Hospital, provided emergency assistance to the displaced in multiple locations, and supported vaccination activities. Teams conducted more than 5,200 outpatient consultations and vaccinated 7,000 children against measles.

In northeast Syria, MSF provided staff, drugs, and supplies—all of which are in short supply—to support pre- and post-operative care in a hospital's trauma ward, rehabilitated the maternity ward, and ran two clinics offering outpatient consultations and mother- and-child care.

Near the Iraq border, MSF ran clinics focused on mothers and children and vaccinated for polio. Additional clinics tended to Iraqis fleeing fighting in Nineveh Governorate. MSF also continues to support more than 100 Syrian-run medical programs with drugs, supplies, technical support, and, in some cases, ambulances, in government- and opposition-controlled areas in six governorates, including besieged areas outside Damascus.

YEMEN \$7,599,862

In a country where fighting and poverty permit few to access health services, MSF provided basic health care and lifesaving surgical care in Al-Dhale' Governorate's Al Azaraq and Qataba'a Districts, carrying out more than 47,000 outpatient consultations and offering emergency surgery for victims of violence in Al Naser General Hospital in Al-Dhale' City, where teams performed around 300 surgical procedures before insecurity forced them to evacuate.

In Amran, teams at Al-Salam Hospital provided emergency, maternity, inpatient, and outpatient services, staging more than 2,300 surgical interventions and 25,300 emergency consultations, and assisting 2,500 deliveries. MSF helped reopen the Heithah health unit in the remote Osman and Akhrif valleys until insecurity forced the suspension of activities.

MSF's emergency surgical unit in Aden re-established referrals from Abyan, Al-Dhale', Lahj, and Shabwah, and carried out more than 2,000 emergency consultations, 1,600 surgical procedures, and 5,600 physiotherapy sessions. A clinic in Aden central prison recorded more than 1,600 consultations.

The rapid response team donated medical supplies to 38 clinics and hospitals and relief items to people displaced following outbreaks of fighting. And MSF also trained staff in seven hospitals on diagnosis and treatment of HIV/AIDS, a highly stigmatized disease in Yemen.

OTHER PROGRAM SUPPORT

ACCESS CAMPAIGN \$791,748

Drawing on MSF's field experience and responding to medical needs in the field, the Access Campaign advocates for greater access to affordable, effective medicines and diagnostics. In 2014, it pushed for lower prices and improved thermostability of vaccines; advocated for better diagnosis and treatment of DR-TB; pushed back against aspects of the Trans-Pacific Partnership trade agreement that would impose stricter intellectual property measures than international trade rules require, thereby limiting access to affordable generic medicines in many countries where MSF works; urged countries and companies to ensure affordable access to lifesaving hepatitis C drugs; and both challenged the makeup of, and worked on alternatives to, profit-minded research and development.

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi) \$901,500

Co-founded by MSF, DNDi is a not-for-profit, patient needs-driven research and development organization that develops new treatments for diseases ignored by mainstream research and development. In 2014, DNDi launched a clinical study in Ethiopia for visceral leishmaniasis patients co-infected with HIV, presented key findings about the safety of artesunate-mefloquine for children with malaria, and received significant private and

public funding to develop new treatments for onchocerciasis (river blindness) and lymphatic filariasis (elephantiasis). DNDi also joined MSF in urging reform of the Food and Drug Administration (FDA) priority review mechanism to better meet patient needs, following the \$125 million sale of a voucher for an important visceral leishmaniasis treatment.



JORDAN

An MSF doctor plays chess with a patient at MSF's trauma surgery program for Syrians in Ramtha. ©Ton Koene

EPICENTRE \$3,229,571

A nonprofit research center founded by MSF in 1987, Epicentre conducts epidemiological assessments and studies that allow MSF to better understand medical and nutritional needs, improve treatments, and develop high-quality health care initiatives for field projects. In 2014, in addition to assessing the efficacy of malnutrition treatment in Niger and cholera vaccines in Guinea, Epicentre supported MSF's Ebola response by conducting various epidemiological studies, providing direct support to staff, and helping to inform the design of MSF's Ebola projects and its public advocacy throughout West Africa.

MSF INTERNATIONAL OFFICE \$2,347,853

MSF's International Office coordinates common projects on behalf of MSF's 24 sections worldwide and supports MSF's advocacy efforts with the United Nations and other international bodies.

MSF INTERNATIONAL FUND FOR INNOVATION AND OPERATIONAL RESEARCH \$108,839

The International Fund for Innovation and Operational Research promotes improvements in effectiveness and quality of care by financing MSF projects that undertake innovative operational, medical, and/or non-medical approaches.

TOTAL \$231,007,412



FIELD STAFF

ON ALMOST EVERY FRONT, 2014 PRESENTED ENORMOUS CHALLENGES FOR MSF-USA'S FIELD HUMAN RESOURCES TEAM.

The Ebola crisis tested our capacity, especially because of the risks involved and the grueling nature of the work, which meant that we had to restrict the time that volunteers spent in the field, with many only staying six to eight weeks before they needed a rest.

Nonetheless, many of our US-based field workers stepped up to the challenge, and our ability and determination to respond to this crisis was truly impressive. MSF put in place strong measures not only to ensure the safety of our teams but also to train other organizations involved in this response. Unfortunately, despite these measures, 27 of our field staff, including 3 international staff members, contracted Ebola, an indication of both the virulence of the disease and the devastating impact it has had on health care workers in the three most affected countries, which will be felt for years to come.

However, Ebola was not the only emergency last year. Our field workers responded to emergencies in South Sudan, Ethiopia, CAR, in and around Syria, and many other places, knowing, as we all did, that a great many people far from the spotlight being shined on Ebola needed assistance as well. This all served to highlight just how important strong human resources are to our operations; without the dedication and experience of our field staff, we would not be able to provide the care that we all aspire to provide.

While I would not wish for another year like 2014, I was very proud of our volunteers and our Field Human Resources team for the work they did. In all, we had 445 departures from the US for field assignments, the most we've ever sent out in a single year. Many of these field workers worked in coordinator and leadership roles, which is testament to some of the training programs we've set up in recent years, as well as the quality and commitment of our field workers. Those programs will continue. At the same time, we'll continue to recruit staff we know we'll need and continue to provide support to the field workers who do go out with us, all so we are ready to meet the challenges that arise in the future.

— **Kate Mort**, *Director of Field Human Resources, MSF-USA*

AFGHANISTAN

Miriam Czech, CA, Head Nurse
Maimona Ghows, HI, Anesthesiologist
Nader Hebel, PA, Surgeon
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Pavlos Kolovos, CO, Project Coordinator
Roshan Kumarasamy, CA, Head of Mission
Deane Marchbein, MA, Anesthesiologist
Jenny Martino, WA, Medical Doctor
Mark Nawrocki, MA, Anesthesiologist
Susan Okonkwo, MD, Obstetrician/Gynecologist
Samantha Pace, MN, Obstetrician/Gynecologist
Linda Tetreault, MA, Logistics Specialist
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Marcel Durieux, VA, Anesthesiologist
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Lauren Jones, NH, Hospital Nursing Manager
Rachel Kauffman, CA, Operating Theater Nurse
David Lauter, WA, Surgeon
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Emily Lerman, MI, Logistics—Supply

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CHAD

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Elspeth Cisneros, NY, Nursing Team Supervisor
Kimberly Comer, PA, Logistics Manager



MOZAMBIQUE

An MSF staff member provides HIV testing and counseling to a truck driver in Mozambique's Beira City. ©Felco Calderin

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Anna Freeman, NC, Project Coordinator

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Edward Wells, MA, Water Hygiene Sanitation Manager

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Fekeremariam Balcha, TX, Deputy Finance and Human Resources Coordinator

Immaculata Bramlage, TN, Hospital Nursing Manager

Natale Carasali, NV, Pediatrician

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Laurent Dedieu, NY, Logistics Coordinator

Sachin Desai, NY, Medical Doctor

Elizabeth Elliott, GA, Human Resources Coordinator

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Karla Fredricks, OH, Medical Doctor

Carille Guthrie, TX, Logistician

Jenifer Haner, OR, Finance and Human Resources Coordinator



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Aerlyn Pfeil, ID, Midwife

Stephanie Silver, CA, Logistician

Marc Stevens, NE, Logistician

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Marybeth Wargo, TX, Nursing Activities Manager

Matt West, CA, Logistics Coordinator

Donald Willson, WA, Construction Manager

Cedric Yoshimoto, WA, Medical Doctor

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FRANCE

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GEORGIA

Kelly Chipemba, KY, Mental Health Officer

GREECE

Stuart Zimble, Greece, Head of Mission

GUINEA

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Ella Watson-Stryker, NJ, Information, Education, and Communication Officer

Ahmadou Wouna, TX, Logistics Manager

HAITI

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Will Harper, DC, Project Coordinator

IVORY COAST

Gillian Burkhardt, DC, Obstetrician/Gynecologist

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Adam Bier, CA, Orthopedic Surgeon

John (Mike) Braden, AZ, Operating Theater Nurse

David Elliott, VA, Surgeon

Maureen Foley, WA, Nursing Activities Manager

Steven Groman, OR, Surgeon

Carissa Guild, PA, Project Coordinator

Lisa Jones, MO, Training Officer

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An MSF team heading to Paoua.
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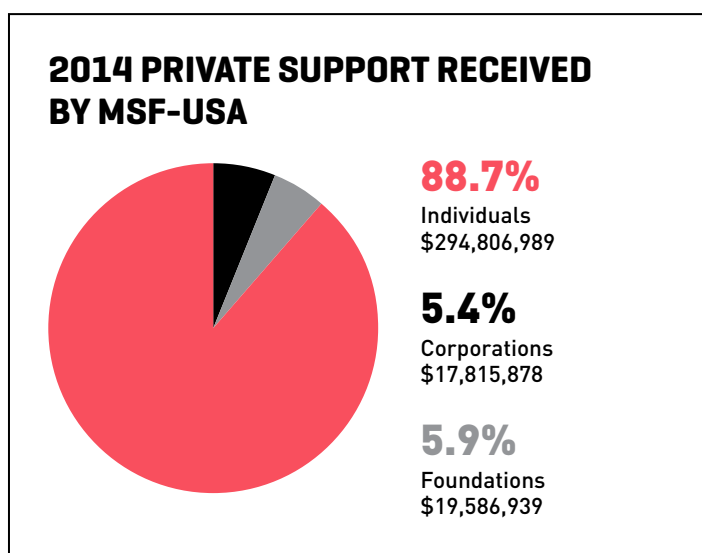
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—Dominic Pessima, MSF Ebola health promoter, Kailahun, Sierra Leone

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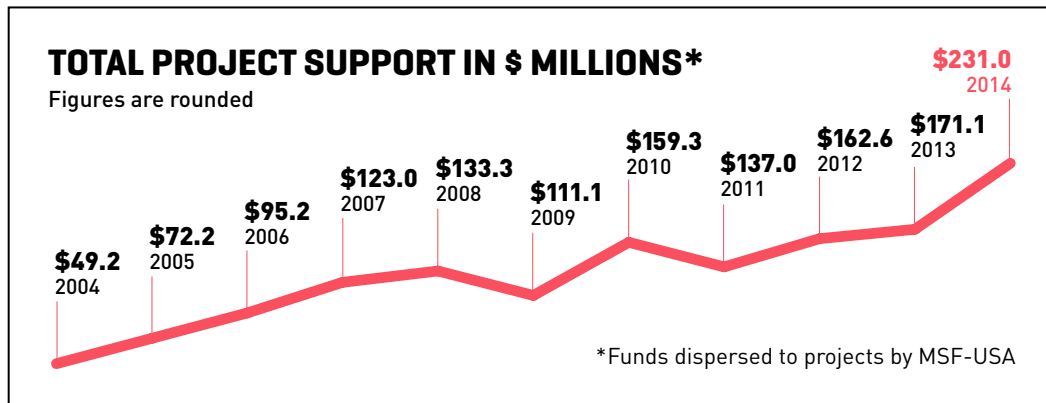
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“EVEN AFTER YEARS OF WORKING IN HUMANITARIAN EMERGENCIES, NONE OF IT HAS PREPARED ME FOR STANDING ON THE ROOF OF AN OLD BARN, PERCHED ON A HILLSIDE IN WHAT WAS ANCIENT MESOPOTAMIA, LISTENING TO THE THUD OF NEARBY ARTILLERY, AND TRYING TO DECIPHER WHAT I AM MEANT TO BE DOING IN RESPONSE.”

—Adam Sharp, MSF project coordinator in Syria

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“WHEN I WAS LAST IN GRIMARI, WE TRANSPORTED A MAN TO A HOSPITAL IN BANGUI WHO HAD A MACHETE CUT TO THE NECK AND WAS DYING. HIS WIFE AND SIX-MONTH-OLD CHILD CAME ALONG. ABOUT THREE WEEKS LATER I SAW HIM DISCHARGED FROM THE HOSPITAL, SMILING. THESE ARE THE HUMAN STORIES THAT MAKE THE DIFFERENCE.”

—Stephano Argenziano, MSF head of mission in Central African Republic

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—Roelant Zwaanswijk, MSF project coordinator in Boguila, Central African Republic

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“IF THIS CLINIC WASN’T HERE, I DON’T KNOW WHAT I COULD HAVE DONE. I WOULD HAVE HAD TO WAIT. AND JUST HOPE THAT THEY WOULD SOMEHOW RECOVER” —*Mary Keji, whose children were successfully treated for cholera in Juba, South Sudan*

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“EMOTIONALLY, THIS WORK IS QUITE EXTREME. MANY PATIENTS DIE, INCLUDING CHILDREN. PALLIATIVE CARE FOR THIS DISEASE IS TOUGH, AS PATIENTS ARE TERRIFIED. WE COMFORT PATIENTS WHENEVER POSSIBLE. WE ARE THE LAST PEOPLE TO TOUCH THEM, AND MANY OF THEM ASK US TO HOLD THEIR HANDS. THESE MOMENTS ARE BOTH DIFFICULT AND EMOTIONALLY INTENSE. EVEN IF IT IS AN EMERGENCY, WE TRY TO BE AS HUMANE AND AS GENTLE AS WE POSSIBLY CAN.”

—Dr. Hilde de Clerck, on treating Ebola in West Africa

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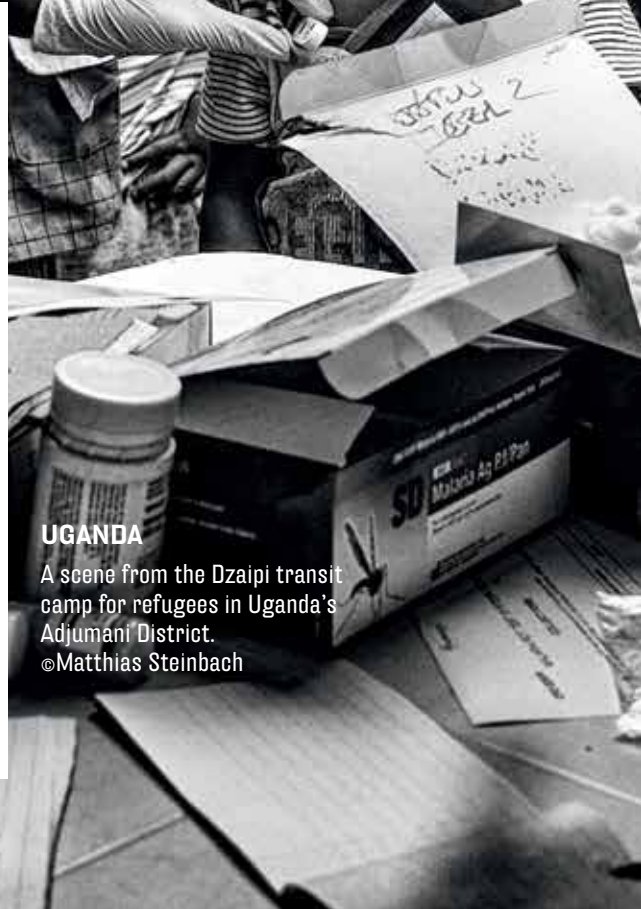


WITHOUT QUESTION, 2014 WAS AN EXTRAORDINARY YEAR. THE INCREASED AWARENESS OF MSF'S WORK TIED TO OUR EBOLA RESPONSE LED TO A SIGNIFICANT OUTPOURING OF PUBLIC SUPPORT, WHICH INCREASED BY 60 PERCENT FROM THE PRIOR YEAR, TO REACH \$332 MILLION.

This increased revenue allowed us to simultaneously increase our direct field support to more than \$231 million, a 35 percent increase from 2013, and turn an initially projected deficit of \$26 million into a surplus of \$62.2 million. Consequently, the percentage of our expenses devoted to activities within our Social Mission exceeded 88 percent while fundraising and general management expenses accounted for 11.3 percent of expenditures. South Sudan (\$32.5 million), the Democratic Republic of Congo (\$23.8 million), and Haiti (\$15.3 million) were the three countries to which the greatest amount of funding was allocated, while the combined grants to the three countries most affected by Ebola (Guinea, Liberia, and Sierra Leone) amounted to \$12.3 million.

Once again, our prompt, robust response to emergencies was made possible thanks to the hundreds of thousands of individual donors who support MSF-USA. MSF thanks all those who helped make this work possible.

On the facing page you will find a summary from MSF-USA's audited financial statements.



UGANDA

A scene from the Dzaipi transit camp for refugees in Uganda's Adjumani District.

©Matthias Steinbach

FINANCIAL REPORT

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

The following summary was extracted from MSF-USA's audited financial statements

REVENUES	2014	2013
PUBLIC SUPPORT		
Individual and private grants	153,190,278	100,077,054
Sustainer giving	22,479,080	19,901,057
Major gifts	75,863,380	42,168,715
Planned giving	43,306,952	28,334,120
Foundations	19,479,126	7,463,159
Corporations	17,815,878	9,049,065
Contributions pledged	75,112	1,993,347
Total Public Support	332,209,806	208,986,517
OTHER REVENUE		
Investment Income	377,345	363,575
Unrealized and realized Gain (Loss) on Investments	(137,899)	791,270
Actuarial Gain (loss)	177,142	136,922
Gain (Loss) on Investments and Actuarial Gain (Loss) on Annuities	39,243	928,192
Grants from Affiliates	12,237,735	11,327,280
Total Other Revenue	12,654,323	12,619,047
Total Revenue excluding gifts in kind	344,864,129	221,605,564
EXPENSES	2014	2013
PROGRAM SERVICES		
Emergency and medical programs	231,007,413	171,134,520
Program Support and development	6,679,026	5,915,520
Field Staff	9,441,123	8,637,536
Communications	3,514,989	3,572,066
Total Program Services	250,642,551	189,259,642
SUPPORTING SERVICES		
Management and General	2,519,697	2,723,698
Fundraising	29,520,313	24,658,058
Total Supporting Services	32,040,010	27,381,756
Total Expenses excluding gifts in kind	282,682,561	216,641,398
Excess (deficit) in net assets	62,181,568	4,964,166
NET ASSETS	2014	2013
Net assets at the beginning of the year	165,876,600	160,912,434
Increase / (Decrease) in Net assets	62,181,568	4,964,166
Net assets at year end	228,058,168	165,876,600

STATEMENT OF FINANCIAL POSITION 2014

ASSETS		
Cash & Equivalents and Short Term Investments	236,404,735	130,478,364
Receivables ¹	35,334,225	28,594,362
Other assets	23,582,112	17,789,212
Total Assets	295,321,072	176,861,938
LIABILITIES AND NET ASSETS		
Grants Payables ²	53,858,002	1,530,556
Other Payables	4,505,273	3,633,962
Other Liabilities	8,849,509	5,820,820
Total Liabilities	67,212,784	10,985,338
Unrestricted Net Asstes	201,269,908	146,537,230
temporarily restricted	26,204,363	18,805,353
Permanently Restricted	634,017	534,017
Total Net assets	228,108,288	165,876,600
Total Liabilities and Net assets	295,321,072	176,861,938

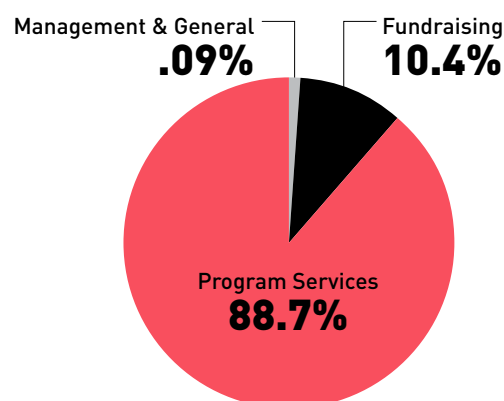
¹ Receivables for 2014 and 2013 include 29,315,946 and 21,187,373 respectively, in contributions received as of year-end but deposited in the following month of January

² The increase in Grants payables is due to OC grants awarded in 2014 but paid out in 2015. These Grants are related to the Ebola response and the better than expected year end revenue results.

For more details or a full presentation of MSF-USA's audited financial statements, please visit: https://www.doctorswithoutborders.org/sites/usa/files/doctors_without_borders_financial_statements_-_final_20140429.pdf

2014 EXPENSES

Excluding In-Kind Expenses



MSF-USA is recognized as tax-exempt under section 501 (c) (3) of the Internal Revenue Code. A copy of the most recent annual report filed by MSF-USA with the New York State Attorney General may be obtained, upon request, by contacting MSF-USA at 333 Seventh Avenue, 2nd Floor, New York, NY 10001-5004, or the Attorney General's Charities Bureau at 120 Broadway, New York, NY 10271. A list of all of the MSF offices that received funds from MSF-USA is also available upon request. Audited Financial Statements are also available on MSF-USA website.



LIBERIA

A child who lost his mother to Ebola is handed to an MSF staff member for treatment at MSF's program in Liberia's Lofa Country. ©Martin Zingg

HOW YOUR SUPPORT SAVES LIVES

IN 2014, WEST AFRICA EXPERIENCED THE LARGEST AND DEADLIEST OUTBREAK OF EBOLA THE WORLD HAS EVER SEEN. INFECTING AT LEAST 20,000 PEOPLE AND KILLING NEARLY 8,000 IN GUINEA, LIBERIA, AND SIERRA LEONE IN 2014, THE VIRUS DESTROYED LIVES AND FAMILIES AND CAUSED PROFOUND DAMAGE TO THE SOCIAL AND ECONOMIC FABRIC OF THE THREE AFFECTED COUNTRIES, ALONG WITH THEIR MEDICAL SYSTEMS.

In early 2014, MSF launched a response that would grow to include 15 Ebola management centers and transit centers across the three worst-affected countries—including Elwa 3 in Monrovia, Liberia, the largest Ebola treatment center ever built—in addition to smaller containment projects in Mali, Nigeria, and Senegal.

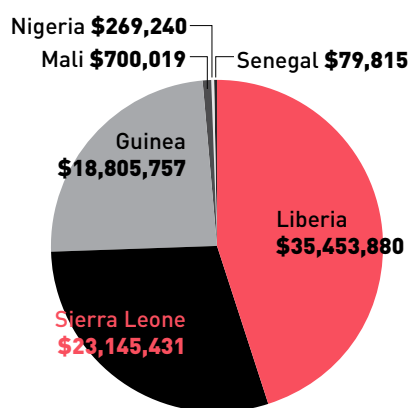
Donors responded as well. In 2014, MSF offices around the world received about \$93 million specifically targeted to our Ebola projects through private essential funds that allowed MSF to implement one of the largest and most complex emergency responses the organization has ever carried out.

By the end of 2014, MSF had spent some \$78 million on its Ebola response, \$11,364,502 of which was contributed by MSF-USA. While the crisis has largely faded from public view, MSF teams continue to battle the disease and bolster depleted medical networks. In 2015, MSF will continue to direct funds as needed to respond to Ebola, provide basic medical services that were interrupted by the epidemic's spread, and help rebuild health systems in the affected countries.

The tables below describe where and how these funds were allocated in 2014.*

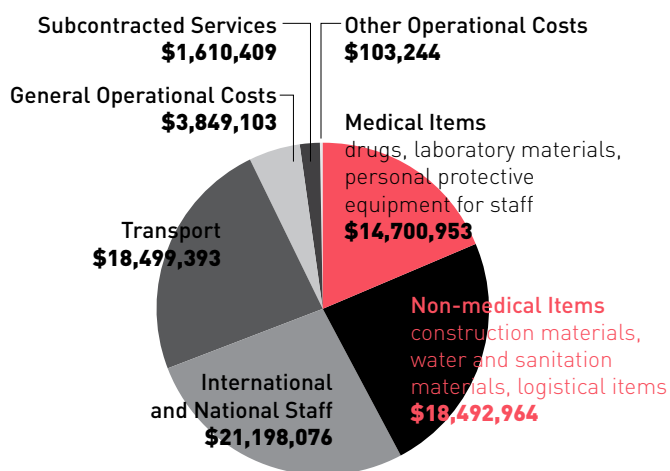
EXPENSES BY COUNTRY

TOTAL \$78,454,142**



EXPENSES BY CATEGORY

TOTAL \$78,454,142**



* For reporting purposes, all expenses are consolidated in Euros and converted to US dollars at the yearly average exchange rate.
 ** Amounts rounded to nearest dollar.

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PRESIDENT | DR. DEANE MARCHBEIN joined MSF in 2006 to work as an anesthesiologist in MSF's surgical program in Ivory Coast. She has worked as an anesthesiologist with MSF in Democratic Republic of Congo, Haiti, Libya, Nigeria, South Sudan, Afghanistan, and Syria; as a medical doctor in Libya and Lebanon; and as deputy head of mission in Guinea. She was formerly the business manager and chairperson of the anesthesia department, as well as the director of the intensive care unit, at Lawrence General Hospital in Lawrence, Massachusetts. Dr. Marchbein now works for Massachusetts General Hospital and the Cambridge Health Alliance.

VICE-PRESIDENT | MARTHA (CAREY) HUCKABEE began working for MSF in Somalia in 1992 as a food logistician. For the next ten years, she worked primarily in emergency contexts in Africa, with extensive experience in South Sudan and West Africa, while also working at the MSF operational center in Brussels. Martha returned to the US in 2002 to attend graduate school, where she earned an MPH and an MA. That same year, she began her first stint on the MSF-USA Board of Directors. Her most recent MSF field assignment was in 2009, when she went to Malawi with her family to serve as head of mission. Martha currently lives in Kalamazoo, Michigan, and is the practice manager for a congenital heart center in a local hospital.

TREASURER | GENE WOLFSON is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

SECRETARY | DAVID A. SHEVLIN, ESQ. is an attorney at Simpson Thacher & Bartlett LLP, where he is a partner and head of the firm's Exempt Organizations Group. He advises a variety of international and domestic exempt organizations, including both private foundations and public charities. Shevlin also advises a number of endowed universities, foundations, hospitals, and cultural institutions with respect to the investment of their endowments. He regularly speaks and writes on topics of relevance to private foundations and public charities.

NABIL AL-TIKRITI has worked with MSF since 1993 as a field administrator, logistician, context analyst, and deputy head of mission in Somalia, Albania, Iran, Turkey, Jordan, and Syria. Long an active member of the MSF-USA Association, he was first elected to the US Board of Directors in 2011. He has also served as a consultant and election monitor in Europe, Asia, and Africa. An expert on the modern Middle East, Iraq, and Turkey, Dr. Al-Tikriti is currently associate professor of Middle East history at the University of Mary Washington. He holds a bachelor's degree in Arab studies from Georgetown University, a master's degree in international affairs from Columbia University, and a doctorate in Ottoman history from the University of Chicago. He has also studied at Bogaziçi Üniversitesi in Istanbul, the Center for Arabic Studies Abroad in Cairo, and the American University in Cairo, and has also been awarded a Fulbright Fellowship, a United States Institute of Peace Fellowship, and a grant from the National Endowment for the Humanities/American Research Institute in Turkey.

SUERIE MOON, MPA, PHD, is research director and co-chair of the Forum on Global Governance for Health at the Harvard Global Health Institute and a lecturer in the Department of Global Health and Population at the Harvard School of Public Health, where she teaches a course on global governance and health. She also co-directs the Project on Innovation and Access to Technologies for Sustainable Development, Sustainability Science Program, at the Harvard Kennedy School of Government. Dr. Moon's work focuses on the intersection of global governance and public health. Her recent research has examined the trade and investment regimes, intellectual property rules, policies to enhance innovation and access to medicines in low- and middle-income countries, global health financing, and the functioning of the global health system. Previously, she worked for MSF's Access Campaign, and for MSF offices and missions in New York, Geneva, Paris, Goma (Democratic Republic of Congo), and Beijing. She has also been a policy consultant for MSF, Oxfam, UNITAID, UNAIDS, and the World Health Organization. She received a BA in history from Yale University, an MPA from the Woodrow Wilson School of Public and International Affairs at Princeton University, and a PhD in public policy from Harvard's Kennedy School of Government.

KELLY S. GRIMSHAW, MSN, RN, APRN, CCRN, joined MSF in 1999, establishing a tuberculosis program in Turkmenistan. She has since worked as a nurse practitioner and project coordinator in China, Sierra Leone, Indonesia, and Zambia, assisting those affected by civil and ethnic conflicts as well as the HIV pandemic. Kelly also provided further assistance and program oversight as medical coordinator in Angola, Liberia, Ivory Coast, and Nigeria, with responses to cholera, Marburg hemorrhagic fever, meningitis, and measles. In the US she has volunteered her services to MSF-USA's Speaker's Bureau throughout the country and the Refugee Camp in the Heart of the City exhibits. She currently works in nursing education.

MICHAEL NEWMAN, MD attended the University of Cincinnati Medical School in Cincinnati, Ohio, and completed his general surgery residency at Cottage Hospital in Santa Barbara, California. He began working with MSF in 2005 as a general surgeon in a project in Liberia, and has been on numerous missions since then. A member of the American College of Surgeons and the Ohio State Medical Association, Dr. Newman practices general surgery at Ohio's Fayette County Memorial Hospital. His research work has been published in the *New England Journal of Medicine* and *A Journal of Social Justice*.

RAMIN ASGAR, MD, MPH, started his international health career in the mid-90s, and with MSF in 1997. His experience is in the management of complex humanitarian emergencies and refugee health, working as volunteer physician, project director, medical coordinator, and country director in the former Soviet states, Darfur, on the Somalia/Kenya border, Liberia, Haiti, Ethiopia, Madagascar, and Ghana. Asgary has served as the operational and research advisor for multiple International NGOs on projects including malaria, HIV, and cancer and non-communicable diseases. He holds leadership positions at the American Society of Tropical Medicine and American Public Health Association. Asgary has developed and offered global health training curricula for medical and public health students in academia; published extensively on international health topics; and established clinics for refugees, asylum-seekers, and the homeless in New York City. He is a faculty member at NYU's School of Medicine and Global Institute of Public Health in New York. He completed his internal and social medicine residency at Albert Einstein School of Medicine, an MPH in refugee health at Columbia University, a fellowship in preventive medicine and MPH in community medicine at Mount Sinai School

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of Medicine, a master's in clinical research at New York University, and a tropical medicine diploma at Johns Hopkins University.

JANE COYNE recently returned to San Francisco after nine years working with MSF. In 2003, she left the corporate world and began working for MSF as a field logistician. She has since worked in Uganda, Sri Lanka, Nigeria, Central African Republic, Democratic Republic of Congo, and Sudan. Initially, her work focused on logistics but later transitioned to project and program management. In July 2009, she was appointed program manager for MSF-France, where she managed operations in South Sudan, Sudan, Central African Republic, Kenya, and Georgia. She is a graduate of Cornell's College of Agriculture and Life Sciences and received a master's in business administration from the Kellogg School at Northwestern. She worked for 15 years in a variety of analytical and project management positions for both small and large manufacturing companies [HP, Nike, Dell, etc.] with an emphasis on supply-chain optimization.

DR. MEGO TERZIAN is the president of MSF in France. Born in Lebanon, he earned his medical degree in pediatrics from Yerevan State Medical University in Armenia in 1999. While still in medical school, he worked as a translator for MSF in Nagorno-Karabakh, and, from 1999 to 2002, worked as an MSF field doctor in Sierra Leone, Afghanistan, Iran, and the Democratic Republic of Congo. In 2003, he became an emergency coordinator for MSF projects in Liberia, Ivory Coast, Niger, Pakistan, Central African Republic, Jordan, and other countries, after which he served first as deputy and then as director of MSF's Emergency Programming in Paris.

JOHN LAWRENCE, a native of Illinois, attended Dartmouth College and Dartmouth Medical School, then completed a family practice internship and worked as a general medical officer in Tuba City, Arizona, on the Navajo Reservation. He later returned to residency and completed training in general surgery in Rochester, New York, and then pediatric surgery at St. Christopher's Hospital in Philadelphia. For the past 20 years, he has been a practicing pediatric surgeon, primarily in academic settings, and he is currently an associate professor of surgery at the University of Vermont College of Medicine in Burlington, Vermont. Owing in part to a longstanding interest in global health, Lawrence has completed seven missions with MSF since 2009 and has begun coursework for an MPH through the Bloomberg School of Public Health at Johns Hopkins University.

DR. JEAN-MARIE KINDERMANS, MD, first worked for MSF in Thailand in 1980 and later worked in programs in Chad, Afghanistan, and other countries. A specialist in public health and tropical medicine, Jean-Marie also spent time as a public health consultant and as the director of AEDES, the European Association for Development and Health. In 1995, Jean-Marie returned to MSF as secretary general, managing the International Office for five years. Since 2000, he has worked for MSF's Access Campaign, been a member of the board of MSF-Switzerland, president of MSF-Belgium from 2002 to 2010, and a member of the International Board. Today, he lives in France, where he leads the AEDES Foundation and works on malaria for various international organizations, while also consulting on the medical management of French hospitals.

LIBERIA

A boy who survived Ebola walks with an MSF staff member at the ELWA 3 case management center in Monrovia. ©Géraldine Bégué/MSF

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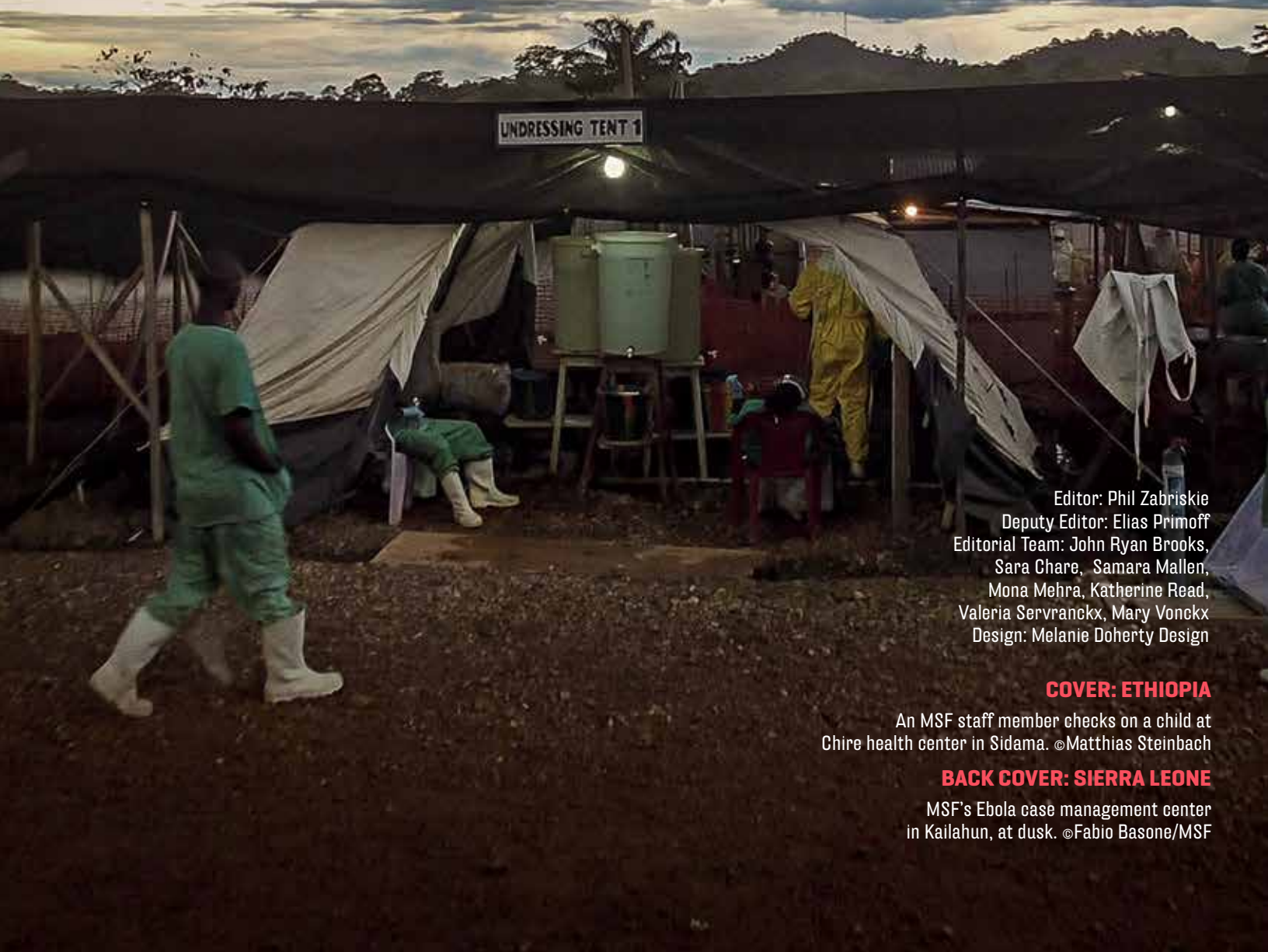
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An MSF staff member checks on a child at Chire health center in Sidama. ©Matthias Steinbach

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MSF's Ebola case management center in Kailahun, at dusk. ©Fabio Basone/MSF